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ABSTRACT

Reported attitudes of the public towards disabilities and disabled persons in Pakistan were studied. Responses to interviews and questionnaires completed by 286 men, women, and school children were analyzed to investigate awareness of the 1981 International Year of Disabled Persons, recall of media items on disability, and acquaintance or relationship with disabled persons. The survey examined public attitudes and the level of agreement between respondents' own opinions and their report of public opinion, and studied views on various rehabilitative measures and efforts toward the integration of disabled persons in society. Divergence of opinion between respondents from urban and rural areas and between males and females was noted. Literature and opinions on public attitudes and possible intervention were reviewed from Pakistan and 30 other countries, suggesting progressive development from negative attitudes to acceptance. The role of the media in educating the public and creating a favorable climate toward rehabilitation and integration was noted. (CL)

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Attitudes Towards Persons With Disabilities

Following I.Y.D.P. (1981)

With Suggestions For Promoting Positive Changes

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ATTITUDES TOWARDS PERSONS WITH DISABILITIES

FOLLOWING I.Y.D.P. (1981)

With Suggestions for Promoting Positive Changes

A study conducted for the National Council of Social Welfare, Government of Pakistan, by staff of the Mental Health Centre, Mission Hospital Peshawar

Summary of Recommendations

1) That a national/international workshop be held on Media Images of Persons with Disabilities in Pakistan/Asia.

2) That a Pakistan Information and Resource Centre on Rehabilitation be established (Appendix 5).

3) That all Government departments, voluntary agencies and seats of learning be required to audit their activities with respect to attitudinal change towards disabled persons, and to initiate measures and studies to promote positive attitudes in the light of the present study's findings.

April 1983

M. Miles
Study Director

Published by the Mental Health Centre, Mission Hospital Peshawar

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OVERVIEW

Reported attitudes of the public towards disabilities and disabled persons were studied in Spring 1982 by personal interview with a questionnaire, and responses were analysed from 286 men, women and school-children in urban and rural areas of Peshawar District in the North West Frontier Province of Pakistan. Questions investigated awareness of the International Year of Disabled Persons (1981), recall of media items on disability, and acquaintance or relationship with disabled persons. The survey examined public attitudes and the level of agreement between respondents' own opinions and their report of public opinion; and studied views on various rehabilitative measures and efforts towards the integration of disabled persons in society. Awareness of causes and prevention of disability were also studied. Divergence of opinion between respondents from urban and rural areas, and between males and females, is discussed in detail.

Literature and opinions on public attitudes and possible intervention is reviewed from Pakistan and thirty other countries, suggesting a progressive development from negative, stigmatising and rejecting attitudes, through pity and compassion, towards willingness to accept disabled persons on equal terms. The role of the mass media in educating the public and the importance of creating a climate of opinion favorable towards rehabilitation and integration is discussed. The necessity emerges for a target-specific approach pitched accurately following audience research.

It is recommended that the topic be given full-scale Government debate with the assistance and active participation of disabled persons' associations, representatives of the mass media and rehabilitation professionals; and that permanent structures be set up to disseminate accurate information, monitor public attitudes and promote positive developments.

PREFACE

This study was commissioned early in 1982 by Mr. Manzooruddin Ahmed, General Secretary of the National Council of Social Welfare, under the authority of Minister of State Mr. Mahmud Ali, for the Government of Pakistan.

The climate of interest in disabled persons in the past few years has been greatly encouraged by the head of Government, General Mohammed Zia ul Haq. Known to the world as President of Pakistan, chief martial law administrator and tireless crusader for an Islamic polity, General Zia is alternatively known in the rehabilitation field as the devoted parent of a disabled child, who has done much to change public attitudes by personal example. In a country where shame and concealment are the norm, the President has regularly appeared in public, on television and in press photographs accompanied by his disabled child, embodying in his own behaviour the virtues of compassion and of a firm stand for the rights of the disabled to lead a normal life in the community.

The present study is dedicated to the same objective and is offered to all disabled persons in Pakistan and Asia in the hope that they may seize the initiative and take into their own hands the creation and maintenance of acceptable public attitudes towards disability and disabled persons.

M. Miles
Peshawar

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Thanks are due to Mr. Oliver Cromwell and Miss Farhat Parveen of the Mental Health Centre who conducted the urban interviews; and to Dr. Tasleem Akhtar of the Pakistan Medical Research Council (NWFP) for providing interviewers to conduct the rural survey.

The laborious but vital tasks of tabulation and preliminary analysis, and of typing the entire Report, were undertaken cheerfully by Mr. Stephen Haggard of King's College, Cambridge and Miss Avril Cooper of the Mental Health Centre.

The study would not have been undertaken without the sponsorship of the National Council of Social Welfare : the cooperative and generous attitude of N.C.S.W. officers was much appreciated.

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Disclaimer

The views expressed in the present report are those of the author alone and of the writers quoted. They do not represent an official position of the National Council of Social Welfare, nor of any other body.

ATTITUDES TOWARDS DISABILITIES AND DISABLED PERSONS

FOLLOWING I.Y.D.P. (1981)

With Suggestions for Promoting Positive Changes

INTRODUCTION

The years from 1979 to 1981 saw a marked increase in public interest in disabilities and in disabled persons, stimulated first by the International Year of the Child (1979) and then by the International Year of Disabled Persons (1981). Government policy-making, planning and expenditure on rehabilitation of disabled persons increased during these three years. The mass media gave greater coverage than before to the problems arising from disabilities and to some possible solutions. The phrase 'Community Rehabilitation' began to be heard, as it was realised that the disabled person cannot properly be seen in isolation but rather belongs to a given community within which resources may be found for his or her rehabilitation.

It is significant that in her keynote address to the I.Y.D.P. National Workshop on "Disability Prevention and Rehabilitation : Community Based Strategy", Mrs. Tazeen Faridi, Minister of Social Welfare for Sind Province, advanced the following point of view : "The provision of isolated services in an institution or specific service centres should be avoided as far as possible. These services should be community-based mostly .... We should make every effort to avoid construction of spectacular institutional buildings and service centres, purchase of costly equipment and even provision of costly treatment."

Particularly during I.Y.D.P., with its theme of Integration of Disabled Persons into the Community, the need was expressed for the general public to be better informed and to be educated towards more favorable attitudes towards disabled persons. It was apprehended that national and international plans for greater integration of disabled persons and improved rehabilitational facilities could not ultimately be effective without a favorable climate of public opinion. Requests were issued to newspaper and periodical editors and to television program managers and producers to step up propaganda in the field of rehabilitation of disabled persons. Many articles were printed in this cause, and a number of films were screened on television. Towards the end of I.Y.D.P. lists were compiled of the number and type of films, articles and broadcasts made during the year, as a form of evaluation of the total propaganda effort made on behalf of disabled persons.

The present study also grew out of I.Y.D.P., in order to go further into the question of public attitudes. It takes as its elementary starting point the difficulty of influencing future attitudes until some investigation has been done into current attitudes. The I.Y.D.P. opened a Decade of Disabled Persons during which a great deal more publicity and propaganda will be issued on the subject. Such efforts are likely to be much more effective if they have started by discovering what the general public at present thinks, knows, feels and believes about disabilities; and by defining the 'improved attitudes' towards which it is desired to educate the public.

The importance of 'market research' as a preliminary to changing or reshaping public attitudes is well understood in the world of commerce, where the forces of financial competition sharpen the focus of the interested parties. By contrast, the world of social welfare and of disablement rehabilitation tends to be amateurish, vague and wishful : those people who are engaged in rehabilitative activities, whether as doctors, therapists, special educators, or social workers, and disabled persons themselves, are often lacking in awareness of the importance of 'selling their product', i.e. of cultivating and maintaining a favorable public image of disabled persons and of rehabilitative activities. Such a lack of awareness works to the disadvantage of all disabled persons.

Anyone setting out to enquire into the attitudes of a heterogeneous population towards a multi-faceted social phenomenon, and to try to find out how those attitudes were formed and how they might be manoeuvered, is liable to encounter too many variables and imponderables. The temptation arises to pull in one's horns and settle for studying a single miniscule part of the attitude complex. Meanwhile, however, the mass media continue churning out their daily quota of (largely unconscious) propaganda affecting the complex. The justification for a study such as the current one is that it holds up to the light some of the parameters and submerged factors, giving the possibility of influencing the strategic group who themselves sway the general public through the mass media. Before embarking upon a description of the survey, a review of some relevant studies and literature is given below.

LITERATURE REVIEW

Information resources in Peshawar are by Western standards meagre, a paucity matched or exceeded only by that obtaining throughout the rest of Asia. The present opportunity is therefore taken to disseminate a selection of potentially useful short quotations. The "references" shown in brackets throughout the Literature Review are in many cases not formal studies providing "scientific validation" of the point made. They mostly refer to a short quotation (see App. II) amplifying or embodying the point. In many cases the writer is indeed an 'authority' on the subject. In some cases this is not so, but he or she happened to supply a succinct expression or example of the point under consideration. The Bibliographical detail (App. III) will usually indicate which type of reference is in hand.

i) Attitudes

Rehabilitation and community care of the disabled person are certainly no recent invention, but rather a re-discovery and refinement of practices dating back at least 2,500 years. Yadav (1978) claims that prosthetic limbs and artificial eyes are mentioned in the Atharva Veda, around the 6th century B.C. in India, and that "vocational rehabilitation workshops" for the physically handicapped were established under Chandragupta. To use the modern terminology is perhaps misleading; nevertheless official attitudes towards disabled persons must have been fairly positive both then and eight hundred years later when institutions for the disabled were being set up in Sri Lanka (Mathews et al., 1977). In the Middle East, Hippocrates (5th century B.C.) seems to have been among the earliest to separate the rehabilitation of disability from notions of magic and evil spirits. (MacDonald, 1981). Penrose (1972) notes the kindly attitude towards mentally retarded persons in the writings of Confucius (6th century B.C.) and Zoroaster. In the West, the town of Gheel in Belgium began in the 5th century A.D. a remarkable tradition of community care for the mentally disordered, lasting to the present time. (Wilke, 1979). Baasher (1975; 1982) chronicles the remarkable rise of Arab psychiatry after the inception of Islam (partially filling the one thousand year gap which tends to appear in Western histories of rehabilitation from about 200 A.D. onward). The same period saw some debate on the civil rights of the mentally retarded person among the Muslim Jurists of the 8th and 9th centuries closely paralleling debate in the 1980s on the same subject (Miles, 1981c).

A great deal has been reported and written at various times and places about attitudes towards disabilities and disabled persons, but most of it appears to be impressionistic and anecdotal rather than based on scientific study. That may be partly due to the difficulty of conducting studies with any degree of rigour, even in countries with a more survey-sophisticated public. There may have been quite a number of studies conducted, but with results insufficiently solid for a respectable write-up to be published. Shakespeare (1975) for example refers to a number of studies on attitudes and ways of changing attitudes in the U.S.A., but does not give specific references. Thomas (1978) gives considerably more references, the majority of which are studies of specific attitudes, e.g. of student teachers to mentally retarded children, of disabled persons to their own life-situation, or of parents towards their disabled child. (Disabled persons, parents, students and teachers are all a great deal more accessible for study than the "general public"). Thomas does however mention ten or twelve references which appear to be studies of general public reactions and attitudes towards disabilities.

The studies reviewed by Shakespeare and by Thomas concur in a number of points. They suggest that the more mature, well-adjusted personality is likely to be more accepting of disabled persons, while the person who has negative feelings about one type of disability is likely to be rejecting towards most socially disadvantaged groups. There was little evidence of correlation between age or intelligence and attitudes. The evidence for a correlation with education and socio-economic status was mixed, as also for gender, though rather more studies suggested that females were more accepting towards disabled persons than males. Prejudice was more likely to be displayed in a situation of close involvement, where a disabled person was proposing or expected to live or work among non-handicapped persons. Generally speaking physical handicaps were more easily accepted than mental, and handicaps in children aroused less negative reaction than those in adults. Shakespeare emphasizes that "neither information alone, nor contact with disabled persons alone," is an effective means to improve attitudes, but a combination of the two may be effective.

Thomas discusses the meanings and definitions of attitude, prejudice, stigma and stereotype, the relation between attitudes towards disabled persons and towards ethnic minorities, and the thesis that certain types of society promote better attitudes towards disabled persons than do others. There was some evidence that attitudes improved as socio-economic conditions improved.

Where the majority of a community are oppressed by physical need, fear of need, the grip of money-lenders, hard-hearted employers and landlords, a harsh political system, the breakdown of family systems through migration and housing shortage, or (as is commonly the case) by a combination of many of these factors, there may be little or no compassion to spare for the weaker members of the community. Until people achieve a certain freedom from want, until their more fundamental needs have been satisfied, e.g. food and shelter, loving care and personal recognition, and until these needs are satisfied for a period of time sufficient that they no longer fear a relapse into personal need, it seems to be difficult for altruistic feelings to develop or for people to place themselves in the shoes (or broken feet) of others, to enter into other people's sufferings.

In the developing world, the availability of data concerning attitudes is no better and probably a great deal worse than in the economically stronger countries. There have certainly been studies concerning (or at least including) public attitudes, for example Onwuegbu (1977) and Mba (1978) in Nigeria; Phiri (1979) and Haworth (unpubl.) in Zambia; Amoako (1976) (Africa); Ahmadullah et al. (1981) in Bangladesh; Christian Medical Commission (1981); Somasundaram et al. (1971) in India; and studies of specific situations, e.g. Zaman (1981) and Masud (1982) on attitudes of mothers of mentally retarded children; Kuppuswamy (1980) on leprosy rejection in various types of family system; Ramanathan et al. (1982) on family attitudes towards schizophrenia. These published studies must represent a small proportion of all the work done. From 1979 (Year of the Child) up to the present there has been a strong incentive to University and College departments of psychology, sociology, social work, anthropology and so on to study this topical subject at least at thesis level. Solid, verifiable, published data is however still conspicuously absent.

Absence of scientific data has rather encouraged the publication of impressions garnered by doctors and rehabilitation personnel during the course of their public and private practice. Since the references will be inaccessible to the majority of readers a broad selection of such comments is given in Appendix II. Comments from Pakistan present a dismal and virtually unrelieved picture of callous disregard, fear, avoidance or ridicule of the disabled person by the general public, with shame, embarassment and concealment on the part of families. Sporadic pity or sympathy may slightly mitigate these crushing burdens heaped additionally upon the already handicapped person. The reasons advanced for such negative attitudes are mainly religious/superstitious : disability is seen as a curse or punishment from God for the sins of the family or of the individual; or as the result, or symptom, of invasion by an evil spirit. (Abdullah, 1981; Manzoor Ahmad, 1981; G.A. Khan, 1979; Miles, 1979a and 1981a; Mirza, 1981; Tareen, 1981; Yousafzai, 1981).

Disabled persons themselves have not yet achieved much publicity within Pakistan (Miles, 1982), nor has their opinion been asked for other than in a token manner (Shah, 1982; Miles, 1980a). A few small associations exist of deaf, blind or physically disabled adults, and efforts are being made to construct a joint platform. As usual, these groups have hardly had time to find their own local identity and strength before there are moves to become (on paper) a national body.

Similar attitudes are reported from various parts of Africa and Asia (W.H.O., 1982). In some cases the divine origin of disability is a matter requiring resignation and acceptance (UNESCO, 1981; Adhikari and Gudalefsky, 1981), although even where there is acceptance it may be merely a resigned and hopeless feeling (Serpell and N'gandu, 1981) or familiarity leading to neglect (Wall, 1979). In some cases acceptance of the disabled person would itself bring a curse (W.C.C., 1981). The disability may be seen specifically as a punishment (Mba, 1981; Mittler et al, 1982; W.C.C., 1981); or the retribution element may be much less definite (Ahmadullah et al, 1981). As against divine origin, disability is sometimes seen as the activity of evil spirits (Kitchen, 1982) or spirits located in nature (Cusson, 1982). Epilepsy and mental illness particularly lend themselves to a diagnosis of spirit possession (Somasundaram et al, 1971; Wig and Murthy, 1981; Chacko, 1981) which may cause acute social problems for the family of the disabled person. In some places there is a fear that disability is contagious (Cusson, 1982), a notion that is by no means dead even in supposedly advanced societies (Watts et al, 1982). Physical deformity may be the cause of revulsion (W.C.C., 1981; Vanier, n.d.), or of embarassing curiosity (King and Morley, 1977). Concealment is a common solution (ECOSOC, 1976; Chacko, 1981); inability to conceal the handicap may have dire socio-economic results (Crawshaw, 1982; Miles, 1981b).

For millions of families in absolute poverty, the birth of a disabled child (or an accident or illness resulting in serious impairment) is a blow that puts them into an even worse position than their neighbours. It will adversely affect siblings' marriage chances. There will be medical expenses for quacks, and the cost of travel to shrines in search of help. The investment of feeding the child cannot be expected to return in terms of employment earnings and care of parents when they are old. Even the best planned and executed rehabilitation program will do little more than restore the family to its previous position hovering between slight hunger and actual starvation, with chronic illness, depression and debt as its normal condition. It is hardly surprising, in these circumstances, that disabled children are regarded as a curse, punishment and heavy burden.

Where the handicapped child is additionally regarded as not human at all but a "changeling" substituted by spirits for the real human child, it is not surprising that extremely cruel treatment may be inflicted on the child. Haffter (1968) describes from Medieval Europe some of the tortures recommended for deformed or disabled children in the attempt to reverse the imagined change-over, and points out that these grotesque beliefs persisted until the end of the nineteenth century despite enlightened opposition from the fifteenth century onwards. Some of this maltreatment has its equivalent in pre-scientific cultures even at the end of the twentieth century.

Begging is a commonly expected occupation for the disabled person (Huckstep, 1975) by exploitation of his deformity or disability, either directly or secondarily under the guise of charity collections using emotive photographs (Moyes, 1981). The dependency and degradation of the beggar make him or her an easy prey for collaboration in vice and crime (Physically Handicapped S.P.D.A., Bangalore). In Pakistan certain occupations are seen as more appropriate to particular disabilities. Thus blind men may specialise in memorising and reciting the Holy Quran, and in physical massage. (The profession of blind masseur is reported from China and Japan over 3,000 years ago: MacDonald E.M., 1981). Deaf men may be trained particularly as tailors; the mentally retarded have their special place in the rural community as entertainers at weddings and other ceremonies, much as they used to in Europe (Wall, 1979). Some of these occupations are positively useful, while others reinforce negative community attitudes and tend towards the stereotyping of disabled persons. It is widely believed that the loss of one sense may be compensated for by hyper-development of other senses in compensation (Pakistan Times, 24/6/81) thereby indicating 'appropriate occupations'. There appears to be no supporting experimental evidence despite efforts over 60 years to discover some (Langan, 1973). The blind person, for example, may learn to interpret sound or touch more accurately, but his sense of hearing or touch does not usually discriminate beyond the usual range.

A pattern has been remarked in the evolution of attitudes towards disabled persons (Labregere, 1974). The primitive attitude is quite callous, and may include killing of sickly babies, or playing tricks on handicapped adults (whence the Levitical prohibition around 1,000 B.C. against placing obstacles before the blind or cursing the deaf or dumb). Next the wealthier members of the populace, who no longer have to worry about their next meal and therefore can afford to have a larger view, may take pity on some handicapped people and give them alms. Later comes the institutionalisation of charity : public funds are allocated, society 'assumes the burden' of feeding and clothing the handicapped. The impulse towards the latter stage in Pakistan is exemplified by Gurdeni (1979) in a paper urging that beggary is out of place in modern times and "it has become imperative that the disabled persons should be considered primarily a public charge and treated as such."

The more educated and articulate disabled persons are less than thrilled by the offer to treat them as public charges. Up to this stage, they have hardly appeared at all as persons : they have been merely objects upon which various public feelings are expended. Carlsson (1981) points out the crippling effect that negative public attitudes have on the disabled person's perception of himself: "Living on these terms, we are easily reduced to cases, objects of care. We are not regarded as an asset, as people who by virtue of their ability have something to offer." The next stage follows the concept of human rights, and the need to take measures so that the handicapped person is not deprived of rights to education, employment, a useful role and a measure of respect. The handicapped person begins to emerge now as a human person, an individual who is not so different from other men and women : who has thoughts, feelings, ambitions, humour, and a real contribution to make to society. Shah (1982) and Martin (1977) emphasize the corollary to 'rights' : equally important, the disabled have the same duty as any one else to contribute to nation-building.

Levine's (1970) suggested five stages of evolution of attitudes bear some relation to Labregere's system, as an explanation of some of the underlying mechanisms: 1) definite and universal stereotypes of disabled persons; 2) stereotypes with individual exceptions: 3) stereotypes undergoing change in the light of accumulating number of exceptions; 4) stereotypes no longer effective : "You'd never guess he was disabled"; 5) No stereotype:- individual accepted on own merits.

Neither Labregere's nor Levine's categories match very closely with the variations of social status described by Hanks and Hanks (1948) in their studies on attitudes towards disabled persons in various parts of the world : 1) pariah; 2) economic liability; 3) tolerant utilisation; 4) limited participation; 5) laissez-faire. Hanks and Hanks, while being impressionistic in approach, cover a great deal of ground both historically and geographically and lend some support to hypotheses linking attitudes to the prevailing economic position of societies. The variety of parameters proposed in different studies for handling findings indicates the complexity of the matter. Not surprisingly, the major conclusion is often that "additional investigation is required" !

Evolutionary hypotheses of attitudes towards disabled persons can be at least partially documented from Western sources over the past two hundred years, and may be observed in the transitional phases through which many countries are passing. They should not however be taken too rigidly as a description of the necessary stages by which progress may be achieved at all times and places. From both Asia and Africa there are indications that there may have been previous phases of social development embodying some of the community-based strengths and resources which are now being sought after in the economically stronger West. Masamba (1981) quotes a Kongo traditional saying to the effect that "No weak, small or disabled individual is a half person. Likewise no strong, big, healthy or wealthy individual is two persons". While recognising the inaccuracy of the primitive idyll, he states that nevertheless "culture and religion in my traditional society were centred around persons and life. In-built psychosocial therapies and religious rites provided channels through which life was celebrated and healing of persons and communities took place. Individuals as well as communities learned to deal constructively with disasters and crises caused by economic, political, psychological stresses, illness and death".

From Uganda (W.C.C., 1981) and Malawi (Mbekeani, 1971) there is report of a traditionally caring community now breaking down under rapid social and economic changes; and from Kenya (Kaman, 1979) report of a movement to reconstruct using the clan system of social responsibility which finds an integral place for disabled persons. Indian commentators point out that the broad sweep of Indian society embraces all manner of peculiarities and idiosyncracies in a tolerant manner. L'Arche communities in which disabled and able-bodied members live on equal terms have discovered some of the half-forgotten indigenous resources in Asian and African countries. Mittler (1982) reports that a mentally handicapped child is regarded as a good omen by some Phillippinos, while Jean Vanier has pointed to the Kabyle tribes of North Africa who regard a disabled child as a sign of divine approval, since the deity is believed to select exceptionally caring families to receive the responsibility of bringing up a disabled child. (Pakistan Times, 1981). The remarkable descriptions in George Macdonald's novels of disabled persons having an honoured and useful place in rural Scottish communities of the nineteenth century (in living conditions little different from poorer parts of the third world a century later) are further evidence for a theory of cyclical change rather than linear evolution.

There is of course some purely evasive idealisation indulged in by modern city-dwelling eulogizers of the traditional culture, such as the Pakistani correspondent who wrote "The incidence of mental retardation ... is of limited nature because environmental pollution is still not a problem, family ties are strong; life style is simple and full of sufficient contentment, use of drugs is limited, the genetic problems are scarce." (Khyber Mail, 1981). There is little to be gained from such wilful refusal to face the facts. The delegate to a foreign conference naturally feels bound to present his country in a favourable light, yet the Afghan who informed an Asian Regional Seminar that "the nomads who live the poorest and most difficult life produce the healthiest children" (UNESCO, 1978) is straining his credibility in the face of the published figures giving Afghanistan the fourth highest infant mortality rate (205 per 1,000) in the world (Population Ref., 1982).

Another form of evasion comes in for severe criticism in post-revolutionary socialist nations such as Cuba, where the institutional phase of rehabilitation development is 'exposed' as having commercial and self-seeking motives disguised as philanthropy (UNESCO, 1974). Block and Yuker (1979) point to other discrepancies between the common facade of enlightened attitudes and the mass of concealed prejudices. There are recurrent attempts on the part of all those in positions of authority to escape from the harsh and immediate realities of disablement needs. One such 'escape' is the preoccupation with quantifying the problem by elaborate surveys and census (Pakistan Times, n.d. various) as a preliminary to action. Fortunately, after the breakdown of Pakistan's initial large-scale disability census attempt, the wisdom was perceived of the suggestion that adequate working figures can be obtained by statistical methods at very small cost and effort (Helander et al, 1980). It was pointed out that the danger of overprovision was remote (Ahmed, 1981). The methodological problems and unscientific human snags inevitable in such surveys are in any case practically insurmountable (Wright, 1981).

ii) Media Images of disability

The present marginal state of public awareness about disability requires that attention be given to ways of increasing and informing that awareness. There may have been more written about the media images of disability than there has been on general public attitudes, since it is easier to study the product than to assess its effect. On the other hand, the subject has attracted attention only in the past ten years, in effect since it has begun to be realised that public awareness is of decisive importance in any campaign to improve the life-opportunities of disabled persons (UNESCO, 1977, 1981; Safilios-Rothschild, n.d.; Curtis, 1981; McKenna, 1978; E.S.C.E.C., 1981; White, 1979). On realising the need, the tendency is to turn to the mass media to produce the quickest, cheapest solution, by creating the necessary public image of disabled persons (Khan, M.H., 1981). An 'awareness' element now tends to be added to program planning as a reflex, to which no more than lip-service is paid. (UNESCO, 1981). When it *is* looked into more carefully, it is often discovered that the appropriate materials are not available (Acton, 1979).

Evidently, publicity campaigns are no panacea to be ordered up at the flick of a switch. They need, in fact, to start with careful study of public attitudes, current trends and desired goals. Changes *do* take place in this field. Rosenberg (1977) points out that prejudice against spectacle wearers is a thing of the past in Austria (as in most countries). But even this is not static, since fashions change and the wider availability of contact lenses may introduce the feeling that spectacles are old-fashioned and unsightly, as against their 'serious' and 'studious' image (at least among men; the female image of spectacles is another question). Jones (1980) remarks that families in U.K. are no longer routinely advised to put their severely handicapped child into an institution. The mass media are presumed to have contributed towards positive change (Hulek, 1977), and in some cases a change can be directly attributed to a particular series of programs (Gardestrom, 1977). Nevertheless, in many places the mass media are still purveying mistaken attitudes and reinforcing prejudices (Gardner and Radel, 1978; Maron, 1977; Hulek, 1977).

Hulek (1977) points out that the media tend to stress the needs, problems and inferiority of the disabled, a complaint readily exemplified from Pakistan (cf. Khyber Mail, 13/5/81). The media are however not invariably to blame for this if they have given straight reportage of, for example, a Conference entitled 'Needs and Problems of the Disabled', which is still unfortunately a common enough topic. The mass media cannot be expected to be more enlightened than rehabilitation professionals, and a great deal of change is required in the attitudes of the latter towards disabled persons before the public image will improve very much (Menanteau-Horta, 1982). Wilson was able to report in 1977 that there had been a discernible change in the aims of disability publicity in Britain, away from the 'needs and problems' emphasis and towards community participation and integration. It seems likely that a close study of the press in Pakistan would also indicate some changes in a positive direction as a result of the I.Y.D.P. (1981). "DISABLED PERSONS EQUALLY IMPORTANT" is a promising headline of the Pakistan Times (Jazbi, 1983).

There remains however some doubt, as when the Khyber Mail (29/12/82) reports "DEAF JOINS VARSITY. An 18 year old deaf student has won a place in Britain's Oxford University to study music. Reuter.", whether the news is considered (or appreciated) as positive integration of a disabled person or merely a funny/ridiculous quirk characteristic of the British. The story was in fact amplified by another agency report on 2/1/83, but the explanation would have been comprehensible to relatively few readers, leaving the majority with an impression that integration of the disabled in the West consists of employing blind persons as look-outs, crippled men as runners, the mentally retarded as University professors, while deaf students study music.

Publicity pitched too far ahead of public opinion may be counter-productive if it appears merely ludicrous. "Deaf studies music" is news by the "man bites dog" definition. But the news that a man has bitten a dog does not convey to the general public a more favorable image of man; it is hardly counted in his favour that he has turned the tables on the canine species. Similarly a report from America on, for example, the use of computerised learning devices by mentally retarded children will not produce a favorable response in a country where computers are unfamiliar and regarded with awe.

Apart from the problem of overcoming their own prejudices and negative stereotypes media professionals have identified three types of difficulty experienced in advancing the cause of disabled people, under the broad headings of Information, Targets and Method. Reporters and program directors are likely to start off with no better than average level of information about disabilities, and this primary material needs to be supplied from rehabilitation centres and professionals as well as from disabled people (who also usually suffer from lack of accurate information in the early stages of their disability) (Roberts, 1981; Khan, M.H., 1981; Gautier, 1981.)

In the past there has been a tendency to spray out propaganda at a vague general target. Shearer (1982) having participated in such exercises for a number of years endorses a trend now to aim more specifically at smaller targets, for better returns. Both Meyer (1977; West Germany) and Menanteau-Horta (1982; Chile) mention the lack of interest and marginal participation of the general public in exposing itself to propaganda on behalf of disabled persons : no program, however well informed, progressive and well produced, will have any impact if people turn it off or never tune in to it because it does not seem to address them in their situation, or because they do not possess a receiving set. Acton (1979) indicates something of the wide range of targets to be covered separately, while a Sri Lankan report (UNESCO, 1981) pinpoints 'parents, teachers, social workers, paramedical workers and voluntary workers' as strategic targets (in this instance, for early detection and intervention with handicapped children; otherwise, disabled adults and young people would also have figured prominently on the list).

Method and approach are to some extent dictated by the specific medium, information available and target groups. However, it has become apparent that, whatever the medium, mere presentation of information is not enough (Meyer, 1977; Thomas, 1978; Shakespeare, 1975), nor information with exhortation (Hermano, 1982). Both Meyer and Gardestrom (1977) report the successful use of an "informative entertainment" approach. On the other hand the sensationalist method of winning attention can be counter-productive, and both Mohl (1982) and Gardner and Radel (1978) emphasize the need for balancing up the pros and cons of presenting rehabilitative 'break-throughs' and raising false hopes thereby. Dusserre (1982) points out that the audiovisual media do not lend themselves to detailed analysis nor to a cautious position on medical advances. Television programs are geared to setting up and solving a problem in not more than 45 minutes; where this cannot be done, there is a tendency to simplify issues until it *appears* to have been done.

The bases of successful programs, in terms of promoting positive changes of attitude and understanding, seem to be as follows : 1) consultation with disabled persons themselves in the planning and participation by disabled persons in the program (Gardestrom); 2) efforts and opportunities for direct involvement of the public with disabled persons, in other words the public being offered *something to do*, in a well-informed context (Meyer, Gardestrom, Thomas, Shakespeare, Mba); 3) real life themes, situations and persons, including disabled persons of admirable (but not *too* exceptional) character and talents, who would be seen as worthy of respect in their own right, rather than worthy of pity as being disabled, (C.B.M., 1978; Roberts); 4) efforts to get behind the prejudices to the underlying causes (Hermano, Meyer).

A number of relevant points not already covered are made by Saint-Martin (1977), in his summary of the UNESCO Round Table on the topic of media images of the disabled. St Martin points out that the mass media normally give subconscious *anti-disability propaganda day and night*, in their promotion and hero-making of the big, strong, healthy, attractive 'star', whether in films or commercial advertisements. Disabled persons are themselves their own best or worst medium for forming public attitudes, according to their efforts and ability to relate in a positive way to the general public. There are arguments for and against general disability campaigns or programs concentrating on a specific disability. In fact there is a 'hierarchy' of acceptability of different disabilities as reported by Shears and Jensema and by Semmel and Dickson (outlined in Thomas, 1978), and also a hierarchy of media exposure (Savy, 1977). It is worth while showing the general public how much everyone benefits from designing with disabled persons in mind : removal of architectural barriers assists also the elderly and infirm, good lighting in public places saves everyone's eyes as well as the visually handicapped; good acoustics and visual displays are not for the hearing impaired only but are part of improved communications for all; educational methods devised for the mentally retarded have revolutionised teachers' understanding of how all children learn.

Acton (1979) has commented on the lack of appropriate material for information and attitude-changing, a lack particularly felt in developing countries. There is some difficulty in utilising existing Western material : "Recently I saw a documentary film in the local American Centre which showed disabled persons working in various jobs, and if they had not told us that they were disabled we would not have been able to differentiate them from their fellow normal workers." (Mir Ajam, 1981). In fact the disabled persons in this film were not difficult to recognise by anyone accustomed to American manners and appearance, but the comment illustrates the problem of communicating with unsophisticated audiences. A careful combination of visual aids showing Western practice and Pakistani adaptation of rehabilitation methods has been proposed as a means of having immediate impact on Pakistani viewers. This may also go some way towards reducing another problem, that of mesmerisation by expensive fancy technology which tends to afflict rehabilitation professionals who have viewed too many Western films (Miles, 1980b).

The media discussed so far have been almost entirely the customary television, radio, film and press. It is interesting to note that there are other more humble media which do not immediately spring to mind, yet which are capable of making their own impact on attitudes. The International Rehabilitation Review (No. 4, 1981) displayed 118 postage stamps commemorating I.Y.D.P., from 76 countries. The range of subject and presentation was very wide, with a subjective analysis counting 42 (36%) depicting 'participation' in work, sports, art, school, culture, planned environment; 29 (25%) representing disability in a symbolic manner; 10 (9%) showing sign language or braille; 13 (11%) showing non-pathetic physically disabled persons; the remainder ranged over 'acceptance', famous disabled persons, prevention by inoculation, mentally retarded children, verbal statement of I.Y.D.P., and 5 pictures of which the significance was not clear. It is encouraging that only 5 (4%) stamps showed pathetic-looking disabled persons. There were 40 stamps showing a wheelchair, as against 15 showing crutches or white cane. Disabled persons of distinguishable gender were shown in 77 stamps, 73% being male only, 17% female only, 10% of both sexes, suggesting that the tendency to disregard the female disabled person by comparison with the male may be a world-wide additional handicap for women. The latter point is confirmed in many places. (Campling, 1979; Rehabilitation International, 1977, 1980; Shah, 1974; Carrick and Bibb, 1982; Safilios-Rothschild, 1977).

SURVEY DIFFICULTIES

One of the difficulties of conducting studies of public opinion in the welfare field in Pakistan is that the general public is not accustomed to opinion research of any sort. The present survey in fact started by asking respondents if they had ever before taken part in a public opinion survey. The rural population was being interviewed by a team from a medical research centre which had previously conducted surveys in the area, so the proportion of rural affirmative responses (58%) to this question was heavily biassed. Of the urban respondents merely 6 out of 184 (3%) had ever before been interviewed for their opinion, and all six were University students or staff. It may safely be assumed that the average member of the public, whether urban or rural, passes his life completely untroubled by opinion researchers.

Consequently there are no adequately researched norms of public opinion to act as a baseline. Such studies as are done, including the present one, inevitably have the nature of preliminary explorations which may set out parameters for more accurate study. Basic sociological data, on which it would be normal to discuss the population and sample, is missing or based on guesswork. It is not therefore practicable to proceed with all scientific rigour. It is necessary to arrive at a compromise taking account of the capacity of the interviewers, the co-operativeness of those being interviewed, and the relevance of the data obtained to the questions being investigated.

The practical difficulties of household interviewing in Pakistan are not negligible. Both Currer (1978) and Tareen (1982) refer to the difficult climatic conditions and the occasional necessity of conducting an interview through a gate or by shouting over a wall. There is a consciousness on the part of the respondents that they are giving something and getting nothing in return. Stiefel and Pearse (1982) point out the inherently manipulative nature of this traditional, non-participatory, "specimen-counting" research.

There is an unwillingness to reveal age or occupation too accurately, and thereby risk putting oneself and one's family in the grip of the bureaucrats and tax-gatherers. [Khan and Abdullah (1980) remark, in a study on the use of mass media in nutrition education, on the difficulty of discovering how many people have a radio receiver, since there is widespread evasion of licence charges.] At the other extreme, once reserve has been broken through, it is hard to stem the garrulous flow. Especially in the rural area, but also in urban multiple dwellings, it is difficult to isolate an individual and discover his or her opinion without the assistance of an over-helpful crowd.

A further time-consuming hazard in the present study was that the urban interviewers normally spend quite a proportion of their professional time in counselling families who have handicapped children, and therefore could not easily break off after conducting an interview in which negative views were expressed : their professional instinct was to stay and try to put over a more enlightened attitude. This instinct was perfectly justifiable and meant that the survey exercise was not purely one of scientific investigation without any intervention; it did however cut down the number of interviews achieved in the time available. The social exigencies of a situation in which opinions were discussed and debated meant that tea must be offered and accepted, further prolonging the occasion.

SPECIFIC AIMS

The specific aims of the study were to investigate attitudes towards handicapped and disabled persons, in particular:

a) What impact, if any, did I.Y.D.P. publicity have?

b) What sort of attitudes and beliefs do ordinary members of the public have about handicaps and handicapped persons?

c) What differences in attitude can be observed between city and rural dwellers, male and female, more educated and less educated, younger and older persons?

The study aimed also to produce some recommendations for ways of better informing the public, and improving attitudes towards handicapped persons.

METHOD AND POPULATION

The instrument used was a questionnaire (App. I) used with individual interviews. Pretesting of the instrument was carried out by two investigators (male and female) conducting interviews in Peshawar. The same interviewers then used the instrument on small samples of Peshawar population chosen roughly by occupation/education and socio-economic level. The interviews of rural population were conducted by investigators from the Khyber Medical College during the course of other studies in villages near Peshawar, and no attempt was made beforehand to distinguish socio-economic levels.

This rough and ready method was to a large extent dictated by constraints of time, personnel and finance. It was considered that some meaningful pilot results could be obtained by the method outlined, using a small number of interviewers over a short time (part-time work spread over three months) at low cost. The results obtained would indicate whether, and how, a more substantial study might be justified.

Given the lack of survey sophistication on the part of the general public, the validity and meaning of the results depended on the sensitivity of the interviewers to a greater extent than would normally be demanded. (A similar point is made by Tareen (1982) for a comparatively straightforward epidemiological survey of severe disabilities.) The interviewers were therefore taken through a detailed set of instructions for carrying out the study (App.1); instructions which intended not merely to state what should be done, but also why it was being done and what alternatives should be used to deal with contingencies arising from the unfamiliarity of members of the public with this type of interview.

NOTES ON PRESENTATION OF DATA

Figures given are rounded up to integers, since no purpose would be served by decimal places. Statistical tests for significance have not been shown, as it is considered that the data is not strong enough to justify elaborate analysis. Not all the variables have been compared and correlated but only those with some potential practical outcome. There is no benefit for example in discovering that a small number of rural schoolgirls derive more information on disability from radio than a larger number of uneducated urban male adults. Such information could be extracted, but is trivial. There are no sociological norms with which to compare it. The sample groups under the heading of each variable have not been balanced or made equivalent, so that comparisons of fine details are without any wider significance. If they were to be undertaken in a more rigorous study, electronic assistance would be required for tabulation and analysis of the data.

There has not been any very detailed analysis by level of education or occupation, since a preliminary inspection of the questionnaires did not suggest that to do so would yield much benefit. It is unfortunately a fact that the level of schooling reached is hardly an indicator for ability to think, to form independent opinions or even to have been exposed to a variety of viewpoints. There is even some negative correlation observable in practice, so that young persons who have spent more years memorising their textbooks to the exclusion of broader experience may be stunted in their ability to think about any subject for which they have not rote-learned the "right answer".

The tables referred to in the following Survey Responses with Discussion are collected together at the end of the section, on pages 35 to 49.

SURVEY RESPONSES WITH DISCUSSION

Sample Data

286 survey forms were completed, 184 (64%) from urban Peshawar and 102 (36%) from rural villages in Peshawar Distt. There were : 185 males (105 urban, 80 rural); 101 females (79 urban, 22 rural). The characteristics of age, education and parenthood are given in Table 1. The 38 urban schoolchildren were aged 11 to 15 : 18 girls of average age 13/4 and 20 boys of average 12/9.

I.Y.D.P. Awareness : Responses

In the total population 180 (63%) respondents recalled that 1982 had been I.Y.D.P.; 120 (42%) identified it immediately, and a further 60 (21%) after prompting. (Table 2). 79 females (78%) recalled I.Y.D.P., 58 of them (57%) unprompted (of whom 56 were urban, 2 rural). 101 males (55%) recalled I.Y.D.P., 62 of them (34%) unprompted of whom 56 were urban, 6 rural). Among the (urban) schoolchildren, 13 of the girls (72%) recalled unprompted, and a further 5 (28%) after prompting; 10 of the boys (50%) recalled unprompted, and a further 6 (30%) after prompting. For urban unprompted recall, the figures for girls and for all females were practically identical (72%/71%), as were the figures for boys and for all males, (50%/53%). For urban prompted and unprompted recall, the figures were quite similar : girls (100%) and all females (95%); boys (80%) and all males (86%).

There were 32 urban respondents (20% of urban sample) involved in medical or social work in some capacity (e.g. medical students, doctors, nurses, traditional birth attendants etc.). Of these, 21 (66%) recalled I.Y.D.P. unprompted, and a further 7 (22%) recalled with prompting, compared with the overall urban figures of 61% unprompted recall and further 29% with prompting. 27 school teachers or college lecturers were interviewed, of whom 21 (78%) were aware unprompted of I.Y.D.P., plus 4 (15%) after prompting. There were also 8 disabled persons (7 urban, 1 rural) interviewed incidentally (no special effort was made to find disabled persons). Of these persons, 4 (50%) recalled without prompting, and 4 (50%) were unable to recall it even after prompting.

114 (40%) of all respondents reported having a disabled close relative (see def. App. I) (urban males 43 (41%), urban females 30 (38%); rural m. 25 (31%), rural f. 16 (78%)). Of these respondents, recall of I.Y.D.P. (with or without prompting) was : U.M. 84%; U.F. 100%; R.M. 4%; R.F. 19%.

Discussion on Awareness

The question on recall of I.Y.D.P. was asked within 4 months of the end of 1981, yet more than a third (37%) of the respondents had no recall of the Year even after prompting, while less than half (42%) were able to recall and identify it immediately. Urban recall (including prompting) at 89% was very much better than rural recall (15%). If these figures were adjusted for the urban/rural distribution of population across Pakistan (approximately 15% urban, 85% rural), they would suggest that only about one quarter (26%) of the population of Pakistan would have had any recall of I.Y.D.P. even after prompting, within 4 months of its conclusion.

Such a result (which presupposes that the sample was a fairly representative cross-section) would seem to indicate a remarkable lack of impact; but again the question is 'compared with what'? The only sustained campaign for publicity and attitude-change conducted on a nationwide basis recently has been the Government's efforts to introduce financial and judicial procedures consonant with the teachings of Islam. A survey might be made starting with the question "in 19.., the Government introduced the Islamic ordinance of Zakat and Ushr; what major Islamic ordinance was brought in during the last year?" The results of such a survey, concerning a matter of national interest and importance, would be a possible point of comparison with the I.Y.D.P. awareness question, for evaluation of impact. A briefer recent campaign was conducted at the beginning of 1983 through radio, TV and press to induce the public voluntarily to restrict power consumption. The Minister for Water and Power reported later that "The response has been almost negligible but our efforts continue". (Pakistan Times, 22/2/83)

The matter is of some importance, from the point of view of developing the nation towards health, welfare, education and economic goals, apart from political or religious considerations. Each publicity and attitude-changing campaign, whether for disabilities, or for blood-donation, family planning, breastfeeding, malaria eradication, energy saving, road safety etc., should be followed by an evaluation exercise on the results of which the next campaign could adjust its sights. Clearly in a nation with a literacy rate ranging from perhaps 50% for urban males to below 5% for rural females, with lack of rural electrification limiting use of T.V., and with pop music stations competing for radio audiences, there is no simple or straightforward method of communicating information and changing attitudes, especially in matters such as disability which may seem a threat to family stability and which people may prefer not to think about at all.

Age did not seem to play a significant role in recall of I.Y.D.P. Urban schoolgirls had a slightly better recall than all urban females, whereas boys did slightly worse than all urban males. Females overall did noticeably better than males. Possibly the female preoccupation with children (assumed in the North West Frontier Province to be the ultimate destiny of 99% of women) predisposes to a greater interest, awareness and recall of any potential threat to children, such as disability. However, that hypothesis is not born out by analysis of respondents having children of their own, who tended if anything to have slightly worse recall than those without children, possibly a result of having less leisure time for giving attention to the media.

The two groups identified as having the best recall were urban schoolgirls (aged 12-15) and urban females with a close disabled relative. As the schoolgirls were of an age to be married (according to local practice), they might be expected to be keenly interested in everything to do with babies. Having a close disabled relative did not seem to make any difference to urban male scores for recall, but had a negative correlation for rural males. The reason for this is not evident. Possibly some sort of psychological repression or avoidance mechanism is at work, considering the stigma widely attached to having a disabled person in the family, so that men in this position may choose to know, think, hear or recall as little as possible about disabilities in general. A further investigation with larger sample and more control might show the negative correlation to be insignificant, or absent. The subgroup whose occupations were in the medical and social work field, who presumably have to contemplate disability in their daily tasks, did not show any greater than average recall or awareness of I.Y.D.P. Teachers and lecturers were however slightly better than average.

Since it is not possible to determine how far respondents were honest in genuinely recalling I.Y.D.P. after prompting, and how far they were trying to avoid the appearance of ignorance, the 'unprompted recall' figure must be taken as the more reliable. However, the proportion of recall-with-prompting was identical for males and for females as total subgroups (21%), which may argue a little for its reliability, since one would not necessarily expect the same rate of dissimulation among males and females, and the greater the amount of dissimulation involved in affirmative responses after prompting, the greater would be the divergence between the two groups. Urban schoolchildren recorded more recall with prompting (28% male, 30% female) than their elders: this might indicate a greater desire in schoolchildren to 'give the right answer', or perhaps they were in fact more aware than the general population but were less articulate and at ease in the unfamiliar interviewing situation, and therefore required more prompting.

Medium of Information : Responses

Television received 49% of all mentions of the media by respondents who recalled I.Y.D.P. (prompted and unprompted); radio (20%) and the press (21%). (See Table 3). The 120 respondents who recalled I.Y.D.P. unprompted made a total of 199 mentions of their sources of information; the 60 who recalled I.Y.D.P. after prompting made 81 mentions of sources. 56 urban males (recalling unprompted) made 102 mentions of sources, while 56 urban females (unprompted) made 82 mentions. Much of the difference between the two groups was made up by mentions of the press (males 27, females 11). Among those recalling I.Y.D.P. after prompting, urban males made 16 mentions of the press, compared with nil urban females. Among urban schoolchildren, T.V. received 28 (64%) out of a total of 44 source mentions, press 7 (16%) mentions, radio 3 (7%) mentions. Press was mentioned by boys 6 times and by girls once only. The figures available for rural areas were too small to show significant differences. Three persons mentioned postage stamps as a source of information on I.Y.D.P.

A further question was asked on information media, to distinguish any respondents who were aware of having seen or heard something about disability during the previous year, but had not identified the I.Y.D.P. However, this question was largely redundant. Only 3 respondents, 2 rural males and 1 rural female were identified in this category. The total of mentions for all sources was 189 by 150 respondents i.e. less than the total who had in fact recalled mention of I.Y.D.P. The proportion of mentions was : T.V. 59%; Press 26%; Radio 10%; Other 4%.

This question further asked for remembered reaction. The great majority, 125 (86%), reported that they had found the program, speech or article both interesting and informative. Among the other reactions were 'interesting but irrelevant' (5), 'interesting but not informative' (3), 'made aware/provoked pity' (6), 'worrying, disturbing' (2).

Medium of Information : Discussion

Those who recalled I.Y.D.P. unprompted made an average of 1.66 mentions of sources, compared with 1.35 mentions for those who recalled after prompting. The additional number of sources may have aided the memory, or alternatively it could be that the respondents with better memories both recalled I.Y.D.P. unprompted and recalled their information sources better than those with worse memories who needed prompting. The press figured more heavily as a male source of information both in urban and rural areas. That this was not solely due to a literacy differential may be inferred from the fact that the same distinction was observable among the urban schoolchildren, where the girls may be assumed to have been equally literate especially as they were on average slightly older than the boys. (The urban females were as a whole almost as well educated as the urban male group.) Radio and press mentions exceeded T.V. among rural males, perhaps on account of availability. T.V. was the major source for urban dwellers, with a greater reported female impact (59%) than male (39%).

In the additional question (No. 2), the comparative impact of T.V. was underlined, with press mentions about the same and radio downgraded to no more than 10%. Evidently, data on sources of information, recalled several months later, needs to be treated with some caution and approached from different angles to arrive at a true picture. Similarly, the question of remembered reaction. It is encouraging that the majority had a favorable recollection of what they had seen or heard concerning disability; however, it is likely that people remembered whatever made a favorable impression, and may have forgotten the unimpressive parts. The reaction 'interesting but irrelevant' could have been prompted by some films shown on T.V. during I.Y.D.P. showing rehabilitation work in Western countries, for which resources are not available in Pakistan.

No comparative conclusions may be drawn as to the useful impact of the various media, since the question does not discover which media were available to the individual respondents, nor is it possible to determine how far the media were responsible for attitude change, if any. It is possible, for example, that one medium might be the easiest to recall, but be less effective than the others for attitude formation; another might be the most effective for attitude change, but pre-disposed towards exaggerated attitude; another might be the best medium for positive attitude formation, but working on the subconscious level and therefore not readily recalled.

Identifying Disabilities : Responses

The figures for identification of various disabilities are given in Table 4. Overall a total of 799 mentions were made, an average of 2.8 per person. Mention of 5 or more disabilities was made by 53 (19%) of respondents; of 2 to 4 disabilities by 149 (52%), of 1 disability only, by 65 (23%), and 19 respondents (7%) did not mention any disability. The highest average rate of identification was among urban schoolboys (3.8), followed by rural males (3.47), urban males (excluding schoolboys) (3.25), urban schoolgirls (2.0), rural females (1.77), urban females (excluding schoolgirls) (1.54).

Overall, physical handicap was mentioned by 215 (75%), blindness by 174 (61%), deafness/speech defect/dumbness singly or in any combination was mentioned by 124 (43%), mental retardation by 110 (38%), 'madness' by 47 (16%), epilepsy by 19 (6%) and other disabilities by 8 (3%). Mental disabilities (mental retardation and/or 'madness') were mentioned by 129 (45%) of respondents, of whom 28 mentioned both mental retardation and 'madness'. Of the 18 mentioning epilepsy, 4 did so without also naming any mental disability. The differentiation and combinations mentioned for hearing and speech are given in Table 5. Of the 124 making some mention in this field, 27 (22%) mentioned deafness only, 20 (16%) deaf-and-dumb only, 14 (11%) mentioned all four of the possibilities (deaf, deaf-and-dumb, speech defect, dumb), 11 (9%) mentioned deafness and dumbness only as separate disabilities, 10 (8%) mentioned dumbness only. (Altogether 13 combinations were mentioned out of the 15 potential combinations of the 4 possibilities.) The disabilities mentioned under 'Other' were Leprosy (5), Drug addiction, Siamese twins, Eunuch, (once each).

Identifying Disabilities : Discussion

This question was susceptible to considerable interviewer variation, e.g. in the length of time given for response and the degree of persistence. The results may therefore be treated with some caution. Some anomalies were noticeable : out of 19 persons reporting zero identification of disabilities, 14 were rural males, despite the fact that rural males were as a group the most prolific identifiers, and these 14 included a variety of occupations, both labourers and semi-skilled. It seems difficult to believe that if they had understood the question and been given a little time to think, they could not have named even a single type of disability. This is particularly so since the word used to translate "disability" in asking the question would strongly suggest physical handicap to the listener. Among urban females, the number who identified mental retardation but no other disability was remarkably high (13), in fact it was unique to this group for mental retardation to be the sole disability identified. It can most easily be accounted for by the supposition that they knew the interviewer (who is a teacher of mentally retarded children) and were thus reminded of this particular disability.

Nevertheless, some interesting trends are apparent in the results. Disability and handicap has already been touched upon in the first two questions, so it may be supposed that most of the interviewees had begun to open up that part, if any, of their mind and memory in which their images of disability reside. Possibly if a period of several minutes had been given for thinking, more disabilities would have been named on average. However, the present results give some indication of the most immediate images of disability. Not surprisingly, the more visible and recognisable disabilities (physical handicap and blindness) led the field, with speech/hearing and mental disorders less prominent but still well represented.

On average males named roughly twice as many disabilities as females, consistently across rural/urban and age differences. Only in mention of mental retardation did urban females exceed urban males, and this anomaly is commented on above. Urban schoolchildren did somewhat better than adults of the same sex, but even so the schoolgirls lagged behind urban male adults. The reasons for this are not immediately obvious, following the clear female advantage in "recall of I.Y.D.P." Possibly the female, being largely confined to the home, does not see disabled people habitually in the street as would the male; she would be more aware of handicaps within her own family and relatives, but less exposed to the broader range seen, for example, begging in the streets. Even schoolgirls, who travel daily through the city to school, are discouraged from lingering and wandering with the liberty of the schoolboy.

Urban/rural distinction was observable in that urban males greatly exceeded rural males in their report of blindness (86% as against 55%), physical handicap (100% as against 66%), and 'other' categories (7% against 0%); while rural males exceeded urban in report of hearing/speech defects (59% combined figure against 53%), Epilepsy (15% against 3%), Mental retardation (47% against 32%), 'Madness" (30% against 19%). The apparent overall superiority of rural to urban males in naming disabilities (average 3.47 against 3.36 schoolboys included, 3.25 adults only) occurs because rural males recorded far more variety and combinations in the categories deaf/deaf-and-dumb/speech defect/ dumb. For example, 13 rural males recorded all four possibilities, compared with only one urban male. This artificially boosts the rural score. When the totals are calculated using a combined figure for the hearing/speech categories, the urban males score averages 3.02 (with schoolboys) and 2.99 (adults only), against rural males average of 2.71.

It is possible that the mental disabilities were more frequently named by rural males because peculiar or deviant behaviour is more noticed in the closer-knit rural community. Possibly epilepsy is more often under medical control in the city than in the village. It is arguable whether or not epilepsy should be counted as a disability at all. At any rate, it is not invariably associated with mental disability, since 4 (22%) of the 18 mentioning epilepsy did not mention either mental retardation or 'madness'. Of these 4, two were urban males, two rural males. Typically, the mental, speech and hearing disorders present a communication problem, whereas physical disability and blindness hinder mobility. There may be some explanation along these lines for the rural/urban differences (which were, however, less evident between rural and urban females). Alternatively it may be that blind or crippled beggars are more prevalent in the city bazars than in rural areas, since they can expect more custom from the greater population. Deaf or mentally disordered beggars are comparatively few, because their disability is less visible. At the same time, 'mad' people are more liable to be detained out of sight in city jail or hospital, compared with the village where they may roam freely or be chained to a tree, for lack of any official lock-up that would render them less visible.

There is often confusion of terms concerning speech and hearing disorders, and the interviewers were asked to note carefully whether 'deaf-and-dumb' was stated as an inseparable pair of disabilities or whether deafness and dumbness were given separately. The various combinations of disorders reported are shown in Table 5, from which no clear pattern emerges. For comparability in fine detail, it would probably be necessary to use a single interviewer for the whole sample and to ask supplementary questions to discover why respondents used the terms they did. Among the I.Y.D.P. publicity there was an attempt to abolish the term 'deaf-and-dumb', but this may not have had much impact. I.Y.D.P. material seems to have reached a greater proportion of the urban male population than the rural (see "Awareness" responses), yet there was little urban/rural difference in aggregate mentions of 'deaf-and dumb' when taken as a percentage of total mentions in the speech/hearing field (urban : 31 out of 109, rural : 32 out of 108). When taken as a precentage of population (31 urban persons mention 'deaf-and-dumb' out of 184, i.e. 17% against 32 rural persons out of 102, i.e. 31%) there appears to be a clear-cut difference. However the difference is not easy to substantiate, because many of the rural mentions of 'deaf-and-dumb' were made at the same time as mentioning the other three categories, deaf, dumb and speech defect. Mention of 'deaf-and-dumb' alone was made by 14 urban persons (8%) and by 6 rural persons (6%). Mentions of hearing/speech categories omitting 'deaf-and-dumb' were made by 39 urban persons (21%) and 22 rural persons (21%).

Scores for disability identification were calculated separately for respondents who had shown awareness of I.Y.D.P., both prompted and unprompted. Overall there was a slight negative correlation between I.Y.D.P. awareness and disability identification. The 180 showing I.Y.D.P. awareness mentioned a total of 492 disabilities, an average of 2.73, whereas the 106 unaware of I.Y.D.P. mentioned 307 disabilities, averaging 2.90. Among males showing unprompted I.Y.D.P. awareness, however, there was a small positive correlation with disability identification, with an average score of 3.95 as opposed to 3.15 for all other males. However, this correlation may indicate merely a group having a more retentive memory than average, both for types of disability and for media programs seen during the past year.

Identification scores were also calculated for I.Y.D.P. aware males who had named a single media source as their informant. The 7 naming only T.V. identified 20 disabilities, an average of 2.86. Those naming only Press scored an average of 4.2, appreciably higher than the sub-sample average, but the sub-sample is too small for meaningful significance calculations.

Theoretical v. Personal Identification of Disabilities : Responses

Table 6 gives adjacent percentage figures for identification of disabilities in Qu. 3(a), and for statement of types of disability known personally to the respondent. The average difference between these two sets of figures is calculated first (X) showing the total difference regardless of which figure is the greater (i.e. counting the difference as positive whether figure (A) exceeded (B) or vice versa); second (Y) counting the difference as positive where (A) exceeds (B) and negative where (B) exceeds (A).

The first calculation (X) is an indicator of the degree of variation between the respondents' theoretical report and their personal experience. The second (Y), is an indicator of the extent to which theoretical identification dominated over personal knowledge. The difference between (X) and (Y) indicates the degree of consistency in their reporting.

Theoretical v. Personal Identification : Discussion

It may be admitted at the outset that the data is not sufficiently strong to bear detailed analysis, and there are too many variables operating to come to any firm conclusions with calculations (X) and (Y). They are shown, however, as an indication of what could be achieved in a stronger study, with investigators who were more aware of the importance of accurately recording the interviewee's thoughts. Such an achievement would then be useful for evaluating some of the other results obtained in the present survey.

Rural respondents displayed much closer correspondence than urban, between what they had reported theoretically by way of types of disability, and what they stated to be their personal knowledge. (The results for epilepsy are anomalous [especially compared with those for urban males] and some local peculiarity may be operating). Urban males displayed least correspondence. Among the disabilities, there was consistently the greatest variation with blindness between theoretical and personal knowledge (average difference 22.5% points), compared with physical disability (12.2%) and mental retardation (nil). In the case of epilepsy and speech defect, it may not have occurred to respondents to identify this as a disability in Qu. 3 but in Qu. 4 the list was read over to them.

There was no check on the figures given : the categories 'up to 5', '6-10', and 'more than 10' have not been tabulated, in view of the suspected weakness of response reliability. There will, for example, have been variation in interpretation of 'Do you personally know', since in some cases people would include for example a beggar stationed at a given place, whom they 'know' to the extent of seeing regularly, while other respondents would say they did not 'personally know' the beggar as they did not know his name or ever speak to him.

Handicapped Known Personally : Responses

The figures for the relation of the identified handicapped to the respondent are given in Table 7. Among males the greatest percentage report was of neighbours (urban 51%, rural 65%), with close relatives next (urban 41%, rural 31%); whereas female respondents reversed this order, reporting close relatives (urban 38%, rural 73%) more often than neighbours (urban 34%, rural 27%). Aggregating report of close relatives, distant relatives and neighbours, and dividing by the respondent population in each category, gave the following figures : urban male 1.07, urban female 0.99, rural male 1.00, rural female 1.14. The principal report of beggars was urban (males 25%, female 8%), likewise report of co-worker/student/pupil and other categories not specified. Urban males reported the greatest variety (average 1.92), followed by urban females (1.32), rural females (1.12) and rural males (1.05).

Discussion

In theory the neighbour and relatives report figures for males and females should have been practically equal, given a reasonable amount of time and willingness to recall, since on average the disabled people in the community will have approximately equal numbers of male and female relatives and neighbours. It is interesting that the aggregated frequency of recalling relatives and neighbours produces very similar figures for all four subgroups, whereas there is a noticeable difference in recall of relatives and neighbours separately. Urban males and females recalled close relatives nearly equally, but females did better on distant relatives, whereas males recalled more neighbours. This difference is much more pronounced in rural areas. The simple explanation would be that men are more mobile and see more of their neighbours, and are less preoccupied with their relatives, especially distant ones, compared with women who are largely confined to the home and family. (Also, the wife joins the husband's family and lives as part of it, leaving her own father's household. Wives are therefore in a better position to recall relatives on both sides.)

There may however be other factors operating, such as a greater reluctance on the part of men to admit that they have a handicapped close relative. In fact, the figures for urban neighbour report may be adjusted to take account of the lower variety report by females (1.32 against 1.92 average); neighbour report as a percentage of total sub group report is practically equal : males 27%, females 26%. On this basis, females do better on close relatives (29%, males 21%) as well as distant relatives (20%, males 8%). No difference occurs in the rural figures by this adjustment, where the variety average was similar for males and females.

The frequency of report of beggars confirms that begging is more an urban phenomenon, and again it is more frequently reported by males, who travel about the city more readily. The much greater number of disabled co-workers/students/pupils in the urban reports may be accounted for by the much greater number of young people, including schoolchildren, in the urban samples, and the fact that it is usually men who go to work and are in a position to notice disabled co-workers.

It is remarkable that overall half the respondents (49%) report that they know a handicapped neighbour, and 40% have a close relative and 15% a distant relative handicapped. The fact of handicap is therefore not a distant one, nor easily pushed away out of the mind. However, as discussed in Qu. 1, there did not seem to be any positive correlation between I.Y.D.P. awareness and having a disabled close relative.

Public Attitude Reported : Responses

The figures and percentages reported of public attitudes to disabled persons are shown in Table 8. The idea that the disabled have been cursed by God was reported to be more frequent among the rural sample than the urban, and the female than the male (UM 1%, UF 4%, RM 7%, RF 14%). The attitude that "It is Fate, It is God's will", was believed to be very much more common in rural areas (RM 94%, RF 86%) compared with urban (UM 10%, UF 11%), with no significant male/female report difference. Urban males were somewhat more inclined to report that the public feels pity for the disabled (72%), compared with urban females (59%), and this urban view was much more pronounced than among rural respondents (RM 25%, RF 5%). However, the view that the disabled are regarded as a burden followed a similar pattern. Fear was hardly mentioned as a public reaction, but some mocking and teasing was reported as an urban reaction.

Other reactions were "Liking/Love", reported by 18 UM and 8 UF; Hate/Dislike (1UM, 3 UF); mixture of liking and disliking (4 UF); desire to help (3 UF); feeling that the disabled are useless (2 UM), and miscellaneous comments such as "disabled persons should either be cured or should be dead", "there has been interest only in the past year", "there is sympathy for disability but not for psychiatric disorders", "people discourage the disabled", "people pray for them". (See Discussion below)

Personal Agreement with Reported Public Attitude : Responses

The overall personal agreement with reported attitude was 214 (75%) agreeing, 68 (24%) disagreeing. (Table 8). Among urban males 82 (78%) agreed with the attitude they believed to be common among the general public, while rural males 68:85%) and rural females (22:100%) had still greater correspondence between their own view and their report of public attitude. Urban females however displayed greater divergence, with only 42 (53%) agreeing, while 33 (42%) disagreed and 4 (5%) declined to record an answer. Among the 69 who disagreed with what they believed public opinion to be, there were 74 alternative views put forward (Table 9) : "They need help/Must help" 26 (35%), "Need love, active sympathy" 11 (15%), "Pity" 10 (14%), "Want to help" 6 (8%); "Should have a place or position" 5 (7%); "They are human beings, should have human treatment" 3 (4%); "It is the will of God, so they should not be mocked" 3 (4%); "Need more than just pity" 3 (4%); "It is God's will, therefore we must care for them" 3 (4%); "They are equal to us" 1 (1%); Sympathy for mental disorders" 1 (1%); Sadness 1 (1%); Anti-begging 1 (1%). The details of the views of the 33 urban women who disagreed with what they believed public opinion to be are recorded in greater detail in Table 10.

Discussion

The first part of this question was intended to elicit the respondents' idea of public opinion, and then to compare it in the second part with his or her own opinion. Since this was not an entirely straightforward procedure, it may not have been equally well understood by all respondents. In some cases respondents may not have grasped the possibility of their own opinion differing from 'public opinion' ! However, it was felt to be a more valuable exercise than merely asking the obvious question "What do you think about disabled people?", even if there is greater problem in interpreting the results.

There was a clear difference between reported public opinion in urban and rural areas, the rural public being reported to attribute disability far more to God's will, curse or fate, while the urban population is supposed to react more with pity or to see the disabled as a burden. These two reactions are of different types, the first concentrating on the cause and origin of the disability whereas the second is a reaction to the present fact of disability.

It may be supposed that males reported largely male opinion, since social arrangements are such that men do not come into much contact with women's opinions and even if they did they would be disposed to attach little importance to them; the converse assumption is more difficult to make for the female reports; although they would normally gather the opinions only of other women, due to the segregation of the sexes, nevertheless they would to some extent be aware of the opinions of men through the male-dominated media (especially the urban females), and may be more inclined to believe that these male opinions are 'public opinion'. This needs to be born in mind when considering the results of the second part of the question, where 42% of urban females stood out as disagreeing with "public opinion", compared with UM 22% and RM 15%. (In the cases of the rural females, where 100% agreed with 'public opinion', it is more likely that the possibility had not occurred to them of having independent ideas : it would be discouraged by their families.)

The rural respondents exhibited more correspondence between private and reported public opinion than the urban respondents. However, some of the rural males who disagreed with the public opinion they reported gave no alternative view; and some of them gave an alternative which seemed more negative than public opinion. Urban females showed twice as much dissent as urban males, and also far more variety of reasons for dissent. (The variation was present but less pronounced between urban schoolgirls and women.) The male reaction tended to be "they should be helped, they need help", while the female ranged over "they should be loved, not be mocked, have a place in society, receive help rather than pity, etc." Some of the more perceptive respondents realised that they had mixed feelings about disabled persons.

There appear to be approximately three stages among the 32 UF who stated an alternative to what they perceived as public opinion. In Stage I, 17 respondents believed that more pity, more help, love and attention was needed by disabled persons, and that this was not generally forthcoming from the public. These 17 mentioned 'pity' 7 times as the public attitude, which was not their own attitude. In Stage II, 14 respondents believed that pity is not enough : positive action is needed. In Stage III, 1 respondent believed that disabled persons should be seen as equal, capable and constructive. Among the 15 Stage II and III respondents, 'pity' was mentioned 12 times as the public attitude which was inadequate to describe their own feeling. These 15 were all more educated than the average for urban females, being 8 students (5 medical), 6 teachers or lecturers, and 1 well-educated housewife. The Stage I group of dissenting urban females were also better educated than the average, though less so than the Stage II and III group : they were 1 student, 2 teachers, 4 well-educated housewives, 2 less educated housewives, 1 doctor, 6 schoolgirls and 1 dai.

Analysis of these dissenting urban females against the background of reported public opinion would seem to suggest some similarities with developmental psychologists' work on moral judgement, such as that of Piaget, L. Kohlberg and Abraham Maslow. The most negative public attitudes see disabled persons as a nuisance, a burden, beggars, under a curse or possessed by evil spirits, fair game for mockery. A little less negative is the view that 'it is fate, it is the will of God' with the corollary that therefore nothing can or should be done, and possibly the mitigating belief that 'it is not their fault, so they should not be mocked'. The latter shading of belief may then become 'it is not their fault, they should be pitied', which ties in with 'they should be pitied, it is our religious duty' and 'it is our duty to help'. From pity and help the next step is help with loving care, and the idea grows that pity and a vague feeling of love are not enough. There should be active assistance and a proper place in society, acceptance and human dignity for the disabled person. Next comes the stage where the disabled person's own contribution is seen as valid, equal in worth, and desirable. (Oddly enough the last stage comes into agreement with the solution proposed by some of the adherents of earlier opinions : if the disabled are seen as beggars and a burden on society, the obvious thing is to provide the means of livelihood so that the disabled person can become self-supporting.)

There is some evidence to suggest that people perceive stages one up or one down from the stage of their own opinion, but do not tend to jump more than one stage. It is more comfortable to believe that one's own view is a little in advance of public opinion, or is in transition to a more advanced stage, than to express views markedly at variance with the general public.

What should be done? : Responses

Responses to Qu. 5 are given in Table 11. The overall response gave priority to training (39%) and to special schools or institutions (40%), followed by work or money (18% each) and then food (7%) or 'a place for them' (8%). Other responses were mostly variations on the theme of treatment or vocational training. Three respondents felt that acceptance by society was the most important thing needing to be done. Three expressed caution in giving money only to 'deserving cases', while 3 others would take action 'according to individual need'. One respondent recommended that nothing be done, one suggested prayer, and one desired that a stop should be put to begging.

Discussion

It is interesting that the responses grouped into three sorts, which may correspond to some extent to attitudes. Hardly anyone suggested that nothing should be done. A modest percentage suggested basic food and shelter, corresponding to the 'pity' attitude, but without providing any means for the disabled person to move beyond that stage. The majority group favoured training or special schools, institutions, which would presumably give some possibility for self-help by disabled persons. The third group favoured giving money or providing work to do, either possibility treating the disabled person as responsible for his own life and decisions.

However, there is a good deal of ambiguity about these groupings. To give money could be just the standard 'charity reflex', pushing the problem away with a few paise. To give work is beneficial if it leads to a disabled person becoming self-sufficient and productive; too often however the motive is merely to extract an appearance of diligence from the disabled person in return for charity; or blatant exploitation in a 'workhouse'. Again, some of those whose response has been recorded under 'special school or institution' will probably have had in mind a purely custodial institution rather than a progressive, rehabilitative centre. To distinguish between these possibilities would require a much more detailed set of questions (which might in turn produce many more 'Don't knows').

Differences in interpretation of response may have been responsible for the considerable divergence between urban and rural males : the urban being five times more likely than the rural to suggest that there should be special schools or institutions, while twice as many of the rural males suggested "training" for the disabled. It is also possible that the shortage of normal schools in rural areas precludes any likelihood, and therefore the thought, of special institutions. Giving disabled persons work to do was proposed by urban females (35%) much more than urban and rural males (10% and 17%). This may correlate with the urban females' more advanced idea of the place and dignity of the disabled person in society.

Reserved Jobs and Seats : Responses

The great majority of respondents (97% overall) gave approval to the Government's 1% quota of jobs for disabled persons. Figures are shown in Table 12. The few who disagreed did so on the basis that the disabled would not be capable of doing a proper job. There was no mention of able-bodied unemployed persons in objection to the quota.

Response to the possibility of reserving seats in educational institutions was less enthusiastic, yet still 80% were in favour. There were 48 (17%) who disagreed, on the following grounds : special schools are best for the disabled (10); disabled children will be mocked and teased in a normal school (10); the disabled will get an inferiority complex, or will be unable to adjust (8); the disabled children will not benefit from normal schooling (7); the normal system, children and teachers will be disturbed (6); admission should be on merit only, and standards should be kept up (4); many normal children cannot gain admission for lack of places (3).

Urban schoolchildren responded no differently from urban adults on the school seats question. Out of 25 schoolteachers, 18 were in favour and 7 (28%) against reserved seats for disabled children. Reasons against were 'inferiority complex' (3); special schools better (2); normal children mocking or not accepting (2). Teacher objectors at 28% were a little more numerous than the 19% objectors in the non-teaching remainder.

Discussion

Generally speaking, the two questions revealed a commendable openness of response, though the proposed actions would not involve the respondents themselves in much extra work.

The two questions are not totally comparable, since in the case of the jobs quota the Government had already passed the law, and people might have been reluctant to criticise it. During the pretesting of the questionnaire, which originally enquired whether respondents believed the quota law would actually be implemented, the investigators discovered a general reluctance to answer this question on the grounds that it was "political". Whereas the possibility of reserved seats in schools has not been aired, the Government has not committed itself, and no percentage was named in the question. Furthermore, the shortage of school places is felt more acutely, due to the pyramidal population structure, than the shortage of adult employment. No doubt public attitudes towards disabled adults are in any case different from those towards disabled children; there may be more tendency towards protecting the latter.

The 48 objections to reserved seats in schools and colleges fall into three categories : 31 respondents put forward difficulties in implementation; 10 stated that special schools would be better; 7 raised objections of principle. Of the difficulties in implementation, 25 were based on the belief that the disabled children would experience too much difficulty, whether in the work or from the other children, while 6 related to supposed difficulties for the non-disabled children, teachers and school system. It is difficult to tell how many of the objections were in fact rationalisations of prejudice. Experience with integration of schooling in other countries has certainly shown that there are problems; equally it has shown that a start has to be made before the problems can be overcome. In actual fact a separate study conducted concurrently with the present one, in 35 Peshawar schools with about 18,000 pupils, discovered that approximately 2% of the normal school population are suffering from a significant degree of disability.

Integration or Separation : Responses

Responses to the question whether disabled persons should be integrated into society or not are shown in Table 12. The response was predominantly positive (UM 91%, UF 96%, RM 66%, RF 86%). There were 39 respondents who considered that the old way of doing things, i.e. segregation of disabled persons was better. Reasons were stated by 27 of them, and are shown in detail in Table 13. Two respondents considered that there should be a balance of old and new. The following reasons were each given by 4 respondents : "integration would cause inferiority complex in the disabled"; "disabled persons are happy together, being the same sort of people"; "disabled persons can be protected in an institution"; "normal people can avoid being disturbed by the sight or the begging of disabled persons". Three stated that special facilities can be provided in an institution.

Among the majority, who favoured integration, there were 35 (25 UF and 10 UM) who believed that the inferiority complex would be avoided by integrating disabled persons. Other reasons stated were : civil rights, mutual benefit, encouragement of disabled persons, human respect and dignity, religious duty; in fact the same range that came forward in the 'attitudes' question.

Discussion

To some extent the question was loaded towards a positive answer, in that it made clear that integration is the new, progressive way adopted in the West. The question might have been tipped a little the other way by asking which way is better for Pakistan, which would have perhaps appealed to some chauvinist instincts to reject the Western development and find some reasons for Pakistan maintaining the traditional pattern.

Many respondents were not able to give a reason for their response, whether positive or negative, apart from affirming that it was 'better'. A handful were able to see that disabled people are not a homogeneous group, and their needs may best be met by a combination of approaches. However, the question tended to cause respondents to think in stereotypes : thus one reason given for segregated disabled communities was that "similar people are happy together". Considering the stereotypes, there was still a good deal of disagreement about what was best, as witness the fact that 'inferiority complex' was advanced on both sides of the argument.

Whatever the underlying feelings and prejudices, it is interesting that the arguments produced against integration by a mixture of village Pathans and Peshawaris sound very similar to those produced in European and American debate of the same subject, in the recent past and even today. Some arguments e.g. that special facilities and skilled attention are available in institutions are marginally more applicable in the West, where there is much greater availability of services (though far from 100% availability).

The argument from duty could be used on either side : some respondents stated that "God says we must love them", and "They are human beings; God says we must not hate them", as reason for integration. If they had been convinced that a well-run institution was available, they might have produced the same statement in justification for providing segregated services. The 'protection' argument, i.e. to save disabled persons from mockery and teasing, was used on the segregation side, as was the argument for protecting the general public from the disturbing sight of disabled persons and beggars. It is clear that behind the reasons stated there are quite strong feelings aroused.

Among the minority favouring segregation, the rural was more heavily represented than the urban population. Possibly there is less tolerance of deviance in the closer-knit rural community, but it would be very difficult to show that this was in fact the reason behind the urban-rural difference on this question. Some of the responses seemed to indicate that respondents were still pondering on the previous question about special education. There was also the statement on the segregation side that "they are disabled; so the Government must provide special facilities", indicating the awareness on the part of some rural people that city-dwelling planners will always try to dismiss rural problems with a cheap solution. There is some sort of folk memory in rural areas that when people come from the city and ask questions and write down the answers and go away, it generally means that something will be planned and executed that does not accord with the wishes of the local people.

Some respondents were evidently thinking about disabled children rather than in general terms. Two indicated that integration in society was the ideal, but could best be achieved after the disabled person had been trained in an institution as a child. Others argued strongly for integration on the grounds that a child is better off with his family whether or not he is disabled. As with some of the other questions, a much more detailed series of enquiries would be needed to distinguish all the factors bearing on the response given.

Cause and Prevention : Responses

Responses on Causes and Prevention are given in Tables 14 and 15. Half of the respondents (50%) gave 'No reason, Fate, God's will' as the cause. This response was more commonly given by males than females (UM 39%; RM 87%; UF 27%; RF 50%) and by rural rather than urban respondents. No respondent cited spirits or jinns. Specifically religious or superstitious reasons accounted for 13% of responses (parents did wrong 6%; moon, eclipse influence 7%). The moon or eclipse was mentioned more often by rural females. Parental misdeeds were mentioned slightly more by urban (UM 7%; UF 9%) than rural (RM 4%; RF 5%).

There was an average of 1.36 reasons mentioned per respondent. 'Medical' type of reasons amounted to 51% of all mentions recorded (202 out of 398). Hereditary factors (it runs in that family) were mentioned by 63 (22%), medical defect of parents by 49 (17%), perinatal problem by 26 (9%), inadequate maternal nutrition by 40 (14%), consanguineous marriage by 14 (5%) and use of teratogenic drugs during pregnancy by 10 (3%). Among rural respondents 'medical' reasons amounted to 15% of all reasons mentioned (RM 13%, RF 23%), while urban respondents gave 65% 'medical' causes (UM 57%, UF 73%). Lack of maternal nutrition was mentioned by more females (UF 32%, RF 14%) than males (UM 9%, RM 4%).

Out of 286 respondents, 238 (83%) suggested means of preventing disabilities, averaging 1.64 suggestions. The remainder either did not believe that disabilities could be prevented (7%) or did not know (9%). The most commonly suggested method was 'Better health services' (56% overall, UM 38%, UF 54%, RM 80%, RF 64%), followed by road safety measures (37% overall, UM 40%, UF 46%, RM 32%, RF 14%), more mother education (UM 13%, UF 21%, RM 34%, RF 5%). Immunisation was mentioned by 14%, and various other measures by 14% of respondents.

Causes and Prevention : Discussion

The questions on cause and prevention were not asked consecutively, in order to diminish immediate cross-fertilisation from one to the other. They are analysed together in order to draw out some comparisons. For example, it is interesting that while 'Fate, God's will, no reason' is given as cause by a majority of rural respondents, and particularly males, it is precisely rural males who made the greatest mention of 'better health services' and 'more mother education' under means of prevention. This suggests a certain dislocation of thought processes, according to the way the question is perceived. The type of question that probes 'Why are things the way they are?' is fended off with 'That's life, fate, the Will of God. That is simply the way things are'. The practical question 'Can anything be done?' is perceived as being in a different category, and meets with a number of practical suggestions, such as better health service provision. If the question were then returned as 'Why do you not have better health facilities?', the answer might again be 'It is the will of God', as a way of avoiding political and economic issues. This may have some implications for the way in which public education should be tackled. It suggests that more emphasis should be put on practical measures with a positive outcome, rather than explanations of causes and ways to avoid them, especially where the major cause cited is "the will of God".

In spite of a considerable proportion of non-scientific causes being postulated, no respondent mentioned jinns or evil spirits. There could be four reasons for this (which runs counter to suggestions made by observers of the rural scene and to the common practice of wearing taweez to ward of spirits) : 1) Theology and demonology may not be well differentiated, and mention of Fate and the Will of God may be held to embrace all agents in the spiritual realm; 2) Mention of jinns may be avoided at all times, from fear that to mention them would be to draw their attention and invite their evil influence; 3) The people in this locality may actually not believe very seriously in jinns and evil spirits;

4) respondents may not have been willing to disclose such beliefs to investigators whom they perceived as being 'modern', 'educated', 'city-dwelling', 'scientific'. As against this fourth possibility, there were mentions of moon and eclipse influence, both from urban and rural respondents. [However, the latter beliefs are widely held to have some scientific basis, as witness the paper on this subject recently presented by Indian scientists to an international congress on mental retardation. (Melkote, 1981).]

Urban respondents were understandably more aware of road safety measures as a preventive measure than the rural respondents who have a smaller volume of traffic to cope with. Urban respondents were also more aware of the problems of consanguineous marriages and the dangers of taking drugs during pregnancy. Both urban and rural females were more conscious than males of the need for adequate nutrition during pregnancy. Rural males were evidently less satisfied with midwifery and mother education than were rural females. The modest response on immunisation, both from urban and rural respondents, indicates how much ground the Government's accelerated Expanded Poly-Immunisation scheme will have to cover before becoming effective. The rural demand for better health services exceeded that of urban respondents, most probably because Peshawar is very well off for medical facilities compared with villages ten miles outside the city.

The level of half-knowledge, half-guesswork, superstition and traditional beliefs revealed by these questions also indicate some of the problem of educating the general public. Accurate information will not be poured into an empty vessel, but will have to displace long-standing misinformation. Particular groups like potential mothers will be receptive to the suggestion that they eat a more balanced diet during pregnancy, but may not be in an economic position to do so. Rural fathers-to-be may gladly agree that their wives should be better informed about pregnancy and child-birth, and be attended by competent midwives, but the wives (to judge by rural female responses) may not share these perceptions. The immunisation team trying to persuade people of the benefit of its program may be told that what is wanted is a properly staffed permanent village hospital rather than occasional visits from city-based teams. The disability prevention campaigner may be met by a husband and wife who took all the right precautions and maintained themselves in perfect health but who nevertheless got a disabled child. Ordinary people do not order their lives on the basis of statistical probabilities.

A further difficulty with attitude intervention covering both integration of disabled persons in society and prevention of disability is that the attitudes prevailing in many countries fail adequately to distinguish between person and disability. Campaigns to prevent disability may consequently be perceived as propaganda against disabled persons. Proponents of preventive measures harp on the "tragedy of a handicapped child" (Pak Times, Feb. 1981), while proponents of integration are insisting that the child is a child, not a tragedy (Pak Times, 19/2/1981). The equivalent in international terms was the old-fashioned fund-raising advertisement picturing a starving baby entitled "The Tragedy of Ruritania : This Can be Prevented : Send Money". Ruritanians are naturally infuriated by such appeals, which depict their country as a helpless case. Disabled persons rightly feel the same way about posters of wheel-chaired children, demanding "Can this Tragedy be Prevented?", since it is unlikely to promote an image of disabled persons as equal, contributing, participating members of society.

There may additionally be subconscious barriers against participation in prevention campaigns by rehabilitation professionals. The field is crowded with ambivalent feelings. At one extreme there is the Graham Greene character who devoted her life to caring for lepers : she is devastated by the news that a cure has been found for leprosy, since she perceives that this will remove her whole raison d'etre. At the other extreme, some people who will work tirelessly to proclaim the value-equality of disabled and able-bodied persons will nevertheless do everything in their power to prevent their children from marrying partners with the serious perceived social disability of an appreciably darker skin. Between the extremes there are all shades of feeling and perception motivating or preventing activity.

Table 1 **RESPONDENT DETAILS**

	Urban Males		Urban Females		Rural Males		Rural Females		Total	
Group size	105		79		80		22		286	
Age Group										
Schoolchildren	20	19%	18	23%	0	0%	0	0%	38	13%
18 - 45	75	71%	58	73%	54	68%	18	82%	206	72%
Over 45	10	10%	3	4%	26	33%	3	14%	42	15%
Education										
Nil or primary	14	13%	15	19%	63	79%	19	86%	111	39%
Below Matric	24	23%	18	23%	5	6%	0	0%	47	16%
Matric (Pass or Fail)	19	18%	11	14%	9	11%	2	9%	41	14%
Intermediate and above	48	46%	35	44%	3	4%	1	5%	87	30%
Parenthood	30	29%	26	33%	63	79%	20	91%	139	49%
Medical/Social Work Occupation	16	15%	16	20%	0	0%	0	0%	32	11%

Table 2

I.Y.D.P. AWARENESS

		I.Y.D.P. Recall unprompted		Recall with Prompt		Recall with or without Prompt		Nil Recall	
Total Population	286	120	42%	60	21%	180	63%	106	37%
All Males	185	62	34%	39	21%	101	55%	84	45%
All Females	101	58	57%	21	21%	79	78%	22	22%
Urban Males (U.M.)	105	56	53%	34	32%	90	86%	15	14%
Urban Females (U.F.)	79	56	71%	19	24%	75	95%	4	5%
Rural Males(R.M.)	80	6	7%	5	6%	11	14%	69	86%
Rural Females (R.F.)	22	2	9%	2	9%	4	18%	18	82%
U.M. having disabled relative	43	20	46%	16	37%	36	84%	7	16%
U.F. " " " "	30	22	73%	8	27%	30	100%	0	0%
R.M. " " " "	25	0	0%	1	4%	1	4%	24	96%
R.F. " " " "	16	1	6%	2	12%	3	19%	13	81%
Urban schoolboys	20	10	50%	6	30%	16	80%	4	20%
Urban schoolgirls	18	13	72%	5	28%	18	100%	0	0%
U.M. Fathers	30	11	37%	14	47%	25	83%	5	17%
U.F. Mothers	26	15	58%	7	27%	22	85%	4	15%
R.M. Fathers	63	2	3%	5	8%	7	11%	56	89%
R.F. Mothers	20	2	10%	2	10%	4	20%	16	80%
Urban M. + F. working in medical/social work	32	21	66%	7	22%	28	88%	4	12%
Teaching professions	27	21	78%	4	15%	25	93%	2	7%

Table 3 **MEDIUM OF I.Y.D.P. INFORMATION**

	Pop	Radio	T.V.	Press	Conversation	Other	Total of Sources Mentioned	Average No. of Sources/ Person
I.Y.D.P. aware unprompted								
U.M.	56	24	41	27	5	5	102	1.82
U.F.	56	17	47	11	6	1	82	1.46
R.M.	6	4	2	5	0	0	11	1.83
R.F.	2	1	2	0	1	0	4	2.00
Total (A)	120	46/38%	92/77%	43/36%	12/10%	6/5%	199	1.66
Urban Schoolboys	10	1	6	5	2	2	16	1.60
Urban Schoolgirls	13	1	11	1	1	1	15	1.15
I.Y.D.P. aware after prompt								
U.M.	34	5	24	16	3	4	52	1.53
U.F.	19	1	18	0	0	0	19	1.00
R.M.	5	3	3	0	1	1	8	1.60
R.F.	2	1	0	0	1	0	2	1.00
Total (B)	60	10/17%	45/75%	16/27%	5/8%	5/8%	81	1.35
Urban Schoolboys	6	1	6	1	0	0	8	1.33
Urban Schoolgirls	5	0	5	0	0	0	5	1.00
Overall Total (A) + (B)	180	56/31%	137/76%	59/33%	17/9%	11/6%	280	1.56
% of total source mentions		20%	49%	21%				

Table 4

MENTION OF VARIOUS TYPES OF DISABILITY

	Urban Males	Urban Females	Rural Males	Rural Females	School Boys	School Girls	Total Pop
Population	105	79	80	22	20	18	286
Total of disabilities mentioned	353	130	278	39	76	36	799
Average mentions per respondent	3.36	1.64	3.47	1.77	3.8	2.0	2.79
Total mentions using combined H/S figure	317	127	217	35	63	34	696
Average mentions using combined H/S	3.02	1.61	2.71	1.59	3.15	1.9	2.43
Blindness	91 87%	32 40%	44 55%	7 32%	19 95%	14 78%	174 61%
Mental Retardation	34 32%	32 40%	38 47%	6 27%	5 25%	1 5%	110 38%
Physical Disability	104 99%	43 54%	53 66%	15 69%	20 100%	14 78%	215 75%
Epilepsy	4 3%	2 3%	12 15%	0 0%	0 0%	0 0%	18 6%
"Madness"	20 19%	3 4%	24 30%	0 0%	5 25%	2 11%	47 16%
Other	8 7%	0 0%	0 0%	0 0%	1 5%	0 0%	8 2%
Combined Speech & Hearing defects	56 53%	14 18%	47 59%	7 32%	13 65%	3 17%	124 43%
Deafness	31 29%	7 9%	37 46%	3 14%	8 40%	1 5%	78 27%
Deaf & Dumb	29 27%	2 2%	25 31%	7 32%	8 40%	1 5%	63 22%
Speech Defect	11 10%	5 6%	23 29%	0 0%	6 30%	3 17%	39 14%
Dumb	21 20%	3 4%	22 28%	1 4%	4 20%	0 0%	47 16%

Table 5 VARIETY OF IDENTIFICATION IN SPEECH AND HEARING DEFECTS

	U.M.	U.F.	R.M.	R.F.	Total
Deaf	9	4	14	0	27
"Deaf & Dumb" (D/D)	13	1	3	3	20
Speech Defect	1	4	1	0	6
Dumb	6	1	3	0	10
Deaf Dumb	9	2	0	0	11
Deaf Speech Defect	2	1	4	0	7
All	1	0	13	0	14
Deaf, Dumb D/D	3	0	2	0	5
Deaf D/D	5	0	1	3	9
Speech Defect D/D	5	1	1	0	7
Deaf, D/D Speech Defect	2	0	3	0	5
Dumb, D/D Speech Defect	0	0	1	0	1
Dumb D/D	0	0	1	1	2

Table 6

THEORETICAL (A) AND PERSONAL (B) IDENTIFICATION

	U.M.		U.F.		R.M.		R.F.		School Boys		School Girls	
	A%	B%	A%	B%	A%	B%	A%	B%	A%	B%	A%	B%
Blindness	87	51	40	15	55	49	32	9	95	45	78	22
Physical Disability	100	55	54	48	66	69	68	68	100	40	78	50
Mental Retardation	32	26	40	48	47	45	27	27	25	5	5	28
"Madness"	19	21	4	11	30	31	0	4	25	10	11	28
Epilepsy	3	24	3	1	15	1	0	0	0	10	0	0
Other	7	3	0	1	0	0	0	0	5	5	0	0
Combined Hearing/ Speech Defects	53	70	18	27	59	57	32	23	65	70	17	33
(X) Aggregated Diff between A, B	121		58		28		36		160		140	
(Y) Aggregated Diff (B Negative)	41		8		20		28		130		28	

Table 7 **DISABLED PEOPLE KNOWN PERSONALLY BY RELATIONSHIP**

	Respondent Population (x)	Total of D.P.s known (y)	Average D.P.s known (y/x)	Close Relative	Distant Relative	Neighbour	Beggar	Co-worker -student	Other
U.M. (A)	105	202	1.92	43	16	54	26	32	31
U.M. (B) %				41%	15%	51%	25%	30%	30%
U.M. (C) %				21%	8%	27%	13%	16%	15%
U.F. (A)	79	104	1.32	30	21	27	6	13	7
U.F. (B) %				38%	27%	34%	8%	16%	9%
U.F. (C) %				29%	20%	26%	6%	12%	7%
R.M. (A)	80	84	1.05	25	3	52	1	2	1
R.M. (B) %				31%	4%	65%	1%	2%	1%
R.M. (C) %				30%	4%	62%	1%	2%	1%
R.F. (A)	22	25	1.14	16	3	6	0	0	0
R.F. (B) %				73%	14%	27%	0%	0%	0%
R.F. (C) %				64%	12%	24%	0%	0%	0%
Total (A)	286	415	1.45	114	43	139	33	47	39
Total (B) %				40%	15%	49%	12%	16%	14%
Total (C) %				27%	10%	33%	8%	11%	9%

(A) Disabled persons known personally
(B) % mentioning each category of relationship [% of (x)]
(C) Each category as % of total categories mentioned [% of (y)]

Table 8 PUBLIC ATTITUDES REPORTED AND PERSONAL AGREEMENT

	U.M. (105)		U.F. (79)		R.M. (80)		R.F. (22)		Total (286)	
D.P.s are cursed	1	1%	3	4%	6	7%	3	14%	13	5%
It is Fate, God's will	11	10%	9	11%	75	94%	19	86%	114	40%
Feel pity	76	72%	47	59%	20	25%	1	5%	144	50%
They are a burden	18	17%	7	9%	6	7%	0	0%	31	11%
Mocking	8	8%	5	6%	1	1%	0	0%	14	5%
Liking/Love	18	17%	8	10%	0	0%	0	0%	26	9%.
Hate/Dislike	1	1%	3	4%	0	0%	0	0%	4	2%
Want to Help	0	0%	3	4%	0	0%	0	0%	3	1%
Other	2	2%	7	9%	1	1%	0	0%	10	4%
Total reported	135		92		109		23		359	
Average No. reported	1.19		1.16		1.36		1.05		1.25	
Agreement with Public Attitude	82	78%	42	53%	68	85%	22	100%	214	75%
Disagreement	23	22%	33	42%	12	15%	0	0%	68	24%

Table 9 PERSONAL ATTITUDE ALTERNATIVE TO REPORTED PUBLIC VIEW

	U.M. (23)	U.F.(33)	R.M. (12)	Total
They need help, must be helped	17	8	1	26
Pity	5	3	2	10
There should be a place for them, position in society	0	5	0	5
They need love, active sympathy	0	11	0	11
I would like to help	3	3	0	6
It is God's will, so we must care for them	2	1	0	3
They are human beings : should have human treatment	0	3	0	3
It is God's will, so they should not be mocked	0	3	0	3
They need more than just pity	1	2	0	3
They are our equals	0	1	0	1
Other	2	1	0	3
Total	30	41	3	74

Table 10 URBAN FEMALE ATTITUDES ALTERNATIVE TO REPORTED PUBLIC ATTITUDES

	Reported Public View	Alternative Personal Attitude
Stage I		
Schoolgirl	Pity	Religious duty to care
Lecturer	Pity	Need love and attention
Teacher	Pity	(None stated)
Schoolgirl	Pity, mocking	Need love and attention
Teacher	Pity, burden	D.P.s are human beings
Teacher	Pity, mocking, dislike	Religious duty to care
Housewife (educated)	Pity, hate	Love
Housewife (educated)	Some sympathy, some hate	Love
Schoolgirl	Liking and disliking	Pity
Doctor	Neglect	Need love and attention
Housewife (educated)	Burden	D.P.s are human, need help
Teacher	Burden, fate	Must help
Housewife (educated)	Curse, fate	Feel attracted to D.P.s
Housewife	Dislike	Need love
Schoolgirl	Mocking	D.P.s are helpless, should not be mocked
Traditional midwife	Hatred	Pity
Housewife	Love and hate	Sadness
Schoolgirl	Mocking	It is the will of God; they should not be mocked
Stage II		
Medical Student	Pity	Help and encouragement
Housewife (educated)	Pity	Action, not just feelings
Student	Pity	Give practical help
Schoolgirl	Pity	Active love
Teacher	Pity	Active sympathy
Teacher	Pity, mocking	Must work for D.P.s
Student	Pity, fate	Action, not feelings
Lecturer	Pity, curse	Actual help needed
Medical Student	Burden	Need help, aids, human treatment
Student	Curse, fate	Should provide facilities
Medical Student	Pity, burden	Help them find place in society
Medical Student	Pity	D.P.s need a place in society
Teacher	Pity	Give D.P.s a place in society
Teacher	Pity, curse	Give D.P.s a place
Stage III		
Medical Student	Pity	See D.P.s as equal, capable, constructive

Table 11 **WHAT SHOULD BE DONE**

	U.M. (105)		U.F. (79)		R.M. (80)		R.F. (22)		Total (286)	
Money given	20	19%	11	14%	20	25%	1	4%	52	18%
Training	28	27%	31	39%	45	56%	8	36%	112	39%
Work to do	11	10%	28	35%	14	17%	0	0%	53	18%
Special schools	56	53%	47	59%	9	11%	3	13%	115	40%
Food given	8	8%	5	6%	8	10%	2	9%	23	8%
A place for them	11	10%	7	9%	2	2%	0	0%	20	7%
Other	30	31%	16	20%	11	14%	7	32%	64	22%
Total Suggestions	164	(1.56)	145	(1.83)	109	(1.36)	21	(0.95)	439	

Table 12 **a) RESERVED JOBS AND EDUCATION SEATS;**

b) INTEGRATION/SEGREGATION ISSUE

	U.M.		U.F.		R.M.		R.F.		Total	
Agree with 1% Reserved Jobs	100	95%	79	100%	76	95%	20	91%	275	97%
Disagreement of grounds of incapacity	3		0		1		2		6	
Agree to reserved seats in Education	89	85%	68	86%	56	70%	16	73%	229	80%
Grounds for disagreement:										
Disabled children are unable to benefit	0		2		5		0		7	
Normal children are without schooling	2		1		0		0		3	
Special schools are better	2		4		4		0		10	
Inferiority complex engendered	4		1		3		0		8	
Teasing, mockery	0		1		6		3		10	
Disturb normal children/ teachers	2		3		1		0		6	
Standards to be maintained. Merit basis only.	3		1		0		0		4	
Favour Integration	96	91%	76	96%	53	66%	19	86%	244	85%
Favour Segregation	7	7%	3	4%	26	33%	3	13%	39	14%

Table 13 INDIVIDUAL'S REASONS FOR FAVORING SEGREGATION

U.M.	Avoids mockery, begging	R.M.	Inferiority complex
	Better adjustment. Avoid inferiority complex.		Separate education system better
	Happier in own community.		Community of disabled persons
	No inferiority complex. Better adjustment		Mix of D.P.s with normal promotes begging
	Happier in own community		D.P.s are unlike normal persons
	No inferiority complex		Inferiority complex
	They are disabled persons. Government must provide		Mix unsuitable
	Sight of D.P.s disturbs normal people		Special facilities are possible if separate development
			Protection of D.P.s
U.F.	Protection of Disabled Persons		D.P.s trouble normal persons
	Protection of D.P.s		Separate education system is best
	Separate is better		Special facilities best
			Better if D.P.s all together
R.F.	Similar people happy together		Inefficient to mix. Differences are too great.
	D.P.s get more attention in special institution		

Table 14 **CAUSES OF DISABILITY**

	U.M. (105)		U.F. (79)		R.M.(80)		R.F. (22)		Total (286)	
Runs in the family	33	31%	25	32%	4	5%	1	5%	63	22%
Consanguineous marriage	5	5%	9	11%	0	0%	0	0%	14	5%
Medical defects in parents	29	28%	15	19%	4	5%	1	5%	49	17%
Teratogenic drugs	2	2%	8	10%	0	0%	0	0%	10	3%
Inadequate maternal Nutrition	9	9%	25	32%	3	4%	3	14%	40	14%
Birth problems	9	9%	17	21%	0	0%	0	0%	26	9%
No reason, Fate, the will of God	41	39%	21	27%	70	87%	11	50%	143	50%
Parents did wrong	7	7%	7	9%	3	4%	1	5%	18	6%
Moon, Eclipse	5	5%	5	6%	4	5%	5	23%	19	7%
Spirits, Jinns	0	0%	0	0%	0	0%	0	0%	0	0%
Other	12	11%	4	5%	0	0%	0	0%	16	5%
Total	152 (1.45)		136 (1.72)		88 (1.1)		22 (1.0)		398 (1.39)	

Table 15 PREVENTIVE MEASURES SUGGESTED

	U.M. (105)		U.F. (79)		R.M. (80)		R.F. (22)		Total (286)	
Better Health Services	40	38%	43	54%	64	80%	14	64%	161	56%
More Mother education	14	13%	17	21%	27	34%	1	5%	59	21%
Better midwifery	1	1%	3	4%	7	9%	0	0%	11	4%
Polio immunisation	17	16%	11	14%	10	12%	2	9%	40	14%
Prevent drug abuse in pregnancy	6	6%	0	0%	0	0%	0	0%	6	2%
Prevent cousin intermarriage	3	3%	4	5%	0	0%	0	0%	7	2%
Road safety measures	42	40%	36	46%	26	32%	3	14%	107	37%
Total of preventive measures	123	(1.45)	114	(1.81)	134	(1.84)	20	(1.18)	381	(1.60)
Don't know	10	10%	6	8%	7	9%	4	18%	27	9%
Disabilities cannot be prevented	10	10%	10	13%	0	0%	1	5%	21	7%

CRITIQUE AND JUSTIFICATION

It is customary in Pakistan (as in many other countries) to present the results of a survey or other piece of work as though no problems had been encountered, no mistakes made and no criticism could be justified. This custom no doubt has its own reasons, but in the present case it is considered to be more useful to examine the study by normal scientific criteria to assist evaluation of its usefulness.

1) No standard sampling procedure was followed :- results may not validly be extrapolated to Peshawar District, let alone Pakistan. (Fair criticism, but the range of opinions gathered is useful in itself and the sample is broad enough to get a good picture. The point was not to produce statistics, but to come to grips with a human phenomenon).

2) Some of the questions hardly admit of an intelligent answer : they are "opinion" questions, and anyone who thought carefully and was well informed would have to reply "it all depends ..." (This is a valid criticism of most, in not all, opinion surveys. The interviewers did not find much difficulty in practice).

3) The method of questioning appears to be neither 'multiple choice' nor 'open-ended', but somewhere in between. (As per the protocol shown in App.I, the interviewers were instructed to give ample room for the respondent to make his individual response. However, in order to be able to handle the data a certain structure was designed, capable of categorising 90% of responses. The remainder were written on the questionnaire in abbreviated form).

4) Lack of uniformity and consistency among the interviewers invalidates the comparison of data they produced. (This is problematical in every opinion survey : in the present case the general public is insufficiently survey sophisticated to justify training very sensitive interviewers (even if resources were available). To do so would require endless contingency planning, and in pursuit of consistency the interviewers would very probably have to violate social customs of politeness.)

5) Targets were too vague and general. (In the absence of basic public opinion data and even of accurate population data, it seemed to be necessary to plunge in and get to grips with the subject by any available handholds. As remarked previously, all these sorts of studies are in the nature of pilot investigations. As a result of the present study it will be much easier to tackle specific areas and to formulate verifiable hypotheses.)

6) Neither representatives of the mass media nor disabled persons were involved in the planning or execution of the study. (All the staff of the Mental Health Centre engaged in the study are in daily contact with handicapped children and their families. During the past two years two films have been made by T.V. teams at the Centre and a large amount of written material produced by the Centre for public distribution, concerning disabilities and disabled persons. There has thus been a strong background awareness of disabilities and the mass media.)

** ** ** ** ** ** ** ** **

Social Welfare agencies are increasingly conscious of the need for cost-efficiency in all their activities. It may be pointed out that the entire cost of the present study including printing and distribution of the Report was less than 1,500 U.S. dollars. In the industrialised West this amount would have been consumed in the initial correspondence alone before any work had been done. Considering the study's potential for re-directing media efforts into more fruitful channels, and liberating disabled people from the economic constriction of negative attitudes, it would seem to be highly cost-effective.

GENERAL CONCLUSIONS

Notes of caution have already been sounded in the presentation of results, discussion and critique, against drawing any too definite conclusions as a result of this study. Nevertheless the results are suggestive in certain respects.

It would appear that the extensive media coverage during I.Y.D.P. had little lasting effect on the public at large. The locus of the failure is not clear : whether I.Y.D.P. publicity failed altogether to reach targets or whether it reached them but did not have any memorable impact; and if it did make an impact, whether it was a positive one is not clear. This should not however be taken as too severe a criticism of the mass media in Pakistan, or of the Social Welfare services or I.Y.D.P. National Committee. There is little evidence from any part of the world of serious attempts to plan, coordinate and evaluate the media coverage during the Year. The obvious conclusion is that such planning, coordination and evaluation should take place in all future nationwide sustained campaigns to inform and improve public attitudes, in whatever field.

The study did not provide data of sufficient depth and accuracy to differentiate coverage, impact and effectiveness of the mass media. Thus the apparently greater urban awareness of the disability field, and the superior female awareness, compared with rural and male groups, cannot definitely be attributed to any particular factor, whether access to information, education, inherent female characteristics or whatever. There did not seem to be any clear and consistent correlation between education, age or sex and being better informed or having more enlightened attitudes. Nor did close relatives of disabled persons seem to be any better informed or enlightened than the average. Some differences were observable in the populations reached by T.V., Radio and Press. However, further study would be necessary to discover which medium is the most appropriate for each specific target group. Certainly none of the media should be neglected in attitude changing campaigns.

The study produces no evidence to contradict the suggestion in reviewed literature that improved attitudes will be brought about not by information alone nor by personal contact alone, but by a judiciously controlled combination of accurate, relevant information about disabilities and rehabilitation together with personal contact with disabled persons in a positive context. Practically the only people who customarily experience such a program are staff of existing rehabilitation centres. Positive attitude changes among this group are reported in Appendix 6.

The fact that males named considerably more varieties of disability than did females, while female respondents displayed greater I.Y.D.P. awareness, suggests some difference in approach along the lines of concrete/abstract or convergent/divergent. Differences of approach also seem to be behind attitudes predominantly displayed by rural and urban respondents. The former reported attitudes based on their perception of causes, e.g. disability is the will of God, fate, curse, etc. Rural respondents also displayed much closer correspondence than urban between theoretical and personal knowledge of types of disability. Urban attitudes seemed less concerned with cause and to be more involved with the human predicament as experienced by the disabled individual and those in contact with him. Whether in practice urban respondents would relate in a more positive way to disabled persons was beyond the scope of this study to discover.

The progressive development of attitudes which this study approached from various angles, appeared most evidently in analysis of urban female respondents whose personal view differed from what they believed to be the general public view. The stages may be characterised by the following expressions which progressively shade into one another :

1) Disabled persons are a nuisance, a burden, beggars, under a curse, fair game for mockery.

2) Disability is the will of God, it is fate, nothing can be done.

3) It is God's will, it is not the disabled person's fault, so he should not be mocked.

4) It is not the disabled person's fault, he should be pitied, it is our religious duty to pity and pray for such people.

5) It is our duty to help and to give alms to disabled persons.

6) Pity and charity are not enough; loving care in action is required.

7) There should be acceptance of disabled persons by society, and active steps should be taken to ensure them a life with human dignity.

8) Acceptance must be on terms of equality. Human dignity requires that disabled persons be enabled to make their own contribution and be seen to participate as whole and equally worthy members of the community.

A similar range and gradation of reaction is reported from a number of countries, and it would seem likely that programs for attitude change that have been successful elsewhere would form a useful basis for a media campaign in Pakistan, with some cultural adaptation. One of the difficulties likely to be encountered is the negative impression created by the very widespread presence of disabled persons, whether neighbours or relatives, for whom no rehabilitative treatment is available. The problems of disability seem to be quite familiar to the general public, whereas there is little or no conception of solutions. It is not surprising in these circumstances that attitudes focus on helplessness and hopelessness. It will presumably be difficult to remove this impression before there has been a major upswing in the provision of rehabilitative services. Equally it will be difficult to provide facilities without a favorable climate of opinion. Attitude and provision must advance together.

Respondents whose personal view differed from their report of the public's attitude tended to see their own view as being one stage in advance of the public. This suggests a very basic but important conclusion : that programs for attitude formation must be pitched accurately a little in advance, but not too far in advance, of the prevailing attitude of the target group. Given the range of public attitudes this will evidently be difficult to achieve, and it bears out the need for prior opinion research and a target-specific approach. For each stage of opinion, material will be needed that advances from the familiar to the less familiar in persuasive fashion, while suggesting that still further advances are possible.

It also needs to be understood that sheer quantity of material will not produce a useful advance. (Indeed, the dangers of publicity-seeking by rehabilitation professionals for personal ego-gratification and fund-raising need to be borne in mind [Escoffier-Lambiotte, 1982].) Inappropriate propaganda will merely reinforce inappropriate attitudes. Furthermore, there is no reason to suppose that public attitudes will gradually improve by themselves. Rising population and deteriorating world economic situation leaves no room for complacency. It is likely that there will be increasing numbers of disabled persons with decreasing resources allocated for rehabilitation, even when Governments are favourably disposed. (Thompson, 1982) Clearly, senior government officers themselves must be a priority target for appropriate propaganda, information and personal contact.

The I.Y.D.P., planned with high hopes and the best of intentions, seems to have given a stir to a murky pond of public emotions and prejudices. Some doubts were raised beforehand as to whether the integration of disabled persons in society would best be served by focussing on them as a labelled, 'different' group. Some of those doubts may have been justified, though for lack of before-and-after studies it is impossible to know definitely. There are arguments in favour of the less stigmatising International Years, (e.g. Women, Children, the Elderly, Youth,) during which special attention may be given for example to female disabled persons, handicapped children, impairments of old age, etc. Clearly, in view of the preponderance of negative attitudes expressed in this study, the I.Y.D.P. theme of "Integration" was too advanced for the majority of the general public.

Whatever were the expressed and unexpressed opinions, on the practical side there was a correspondence between public attitudes and responses on "what to do". Even where attitudes were negative there was a practical convergence of views towards the provision to disabled persons of the means of earning their living. There was a favorable response towards reservation of posts in employment and seats in educational institutions. In all probability such steps would be extremely effective in moving public opinion away from the negative focus on cause and problem, towards a more positive attitude in which disabled persons play (and are seen to play) their rightful part in the life of the community. Associations of disabled persons may be concerned about any over-hasty rush towards employment for its own sake, on the grounds that too many disabled persons end up in jobs far beneath their potential capabilities. Yet where the alternative in practice is to have no employment and to be economically dependent on others, many disabled persons will be prepared to accept the lesser indignity, which they will share with a considerable proportion of the workforce, of a job below their full potential.

RECOMMENDATIONS

The present report suggests that public attitudes are of primary importance to the successful development of appropriate rehabilitation facilities and to the integration within society of disabled persons in Pakistan. This fact has not yet widely been appreciated. It is necessary first for the importance of public attitudes to be recognised and secondly for awareness to be developed of the complexity of attitude formation and methods of approach. Thirdly the fact has to be faced that prevailing attitudes are not conducive to the sort of rehabilitation, special education and integration to which every disabled person should have access. An on-going program of public education and information is urgently required in order to improve the situation.

It is therefore recommended :

1) That a national/international workshop be held on Media Images of Persons with Disabilities in Pakistan/Asia, with support from relevant U.N. agencies (UNESCO, WHO, UNICEF, ILO), involving disabled persons, media and rehabilitation professionals, officers of the Ministries of Education, Information, Health, Special Education and Social Welfare, Zakat Administration, and representatives of voluntary agencies, with a view to making further detailed recommendations, using the present report as a working paper.

2) That plans be drawn up for a Pakistan Information and Resource Centre on Rehabilitation, as outlined in Appendix 5, and efforts be made to secure funding from appropriate sources.

3) That this Study and the UNESCO (1977) Round Table on "How the Handicapped are Presented to the General Public" be widely distributed among appropriate Government Ministries and voluntary agencies.

4) That the Government circulate the Guidelines for the Media (Appendix 4) preliminary to drawing up its own similar Guidelines adapted to the particular needs and requirements of Pakistan.

5) That all Government departments and voluntary agencies working in the disability, special education and rehabilitation field should audit their activities with respect to attitudinal change and report on their most effective measures, or initiate measures where they have hitherto been absent.

6) That University departments of Psychology, Sociology, Social Work and Anthropology be encouraged and allocated funds to pursue action studies of attitude change in strategic social groups.

7) That specifically designated amounts be allocated in the budget (both initial and recurrent) of all Government rehabilitation projects, for dissemination of positive publicity and information to promote more favorable public attitudes towards disabled persons.

APPENDIX I

NATIONAL COUNCIL OF SOCIAL WELFARE : OPINION SURVEY

(Conducted under the supervision of Mental Health Centre, Mission Hospital Peshawar)

Interviewer :

Date of Interview :

Particulars of Person Interviewed

Name :

Age :

Address :

M/F :

Occupation :

Number of Children (if any)

Education :
1) No schooling / Primary schooling
2) Secondary schlg. but never attempted Matric
3) Matric Pass / Matric Fail
4) Intermediate Pass / Above Intermediate

Survey experience : Ever taken part in any Public Opinion survey before this one ?

a) Yes

b) No

Q.1 1979 was the International Year of the Child. Do you know what was special about last year, 1981 ?

Q.1 1979 was the International Year of the Child. Do you know what was special about last year, 1981 ?

a) Year of Disabled Handicapped b) Don't know

If answer (a) : How did you come to know ?

i) Radio ii) T.V. iii) Press iv) Conversation v) Other

If answer (b) : State that it was the Year of the Disabled, then ask :

Do you now remember hearing or seeing anything about the Year of the Disabled ?

i) Yes ii) No

If answer (i) : What do you remember hearing or seeing ?

i) Radio ii) T.V. iii) Press iv) Conversation v) Other

Q.2 Have you seen, heard or read any article, speech or program about the disabled during the past year ?

a) Yes b) No c) Do not remember

If answer (a) : Was it i) Radio ii) T.V. iii) Press iv) Other ?

: "What was your reaction to the speech/article/program ?

D) Interesting and informative E) Not interesting F) Worrying, disturbing

G) Don't Remember H) Other ....

disabled are there ?
Q.3 What sort of handicapped people do we see around ?

i) Blind ii) Deaf iii) Deaf and Dumb iv) Speech Defect v) Dumb

vi) Mentally retarded/handicapped/backward vii) Epileptic viii) Physically disabled/crippled ix) "Mad" x) Other ....

Q.4 Do you personally know any disabled/handicapped persons ?

a) Yes b) No If answer (a) How many ?

	Up to 5	6 to 10	More than 10
i) Blind	......	....	....
ii) Deaf	......	....	....
iii) Deaf and Dumb	......	....	....
iv) Speech Defect	......	....	....
v) Dumb	......	....	....
vi) Mental Handicap	......	....	....
vii) Epileptic	......	....	....
viii) Physically disabled	......	....	....
ix) "Mad"	......	....	....
x) Other	......	....	....

Q.5 Who are these handicapped people that you know ?

a) Close relative b) Distant relative c) Neighbour d) Beggar

e) Co-worker, fellow-student/pupil f) Other ....

Q.6 What do people think about the disabled persons ?

i) Cursed by God ii) It is Fate, the Will of God iii) Feel pity for

iv) Burden on society v) Feel afraid of vi) Mocking, making fun

vii) Other ....

Q.7 Do you agree with what people usually think about the disabled ?

a) Yes b) No

If answer (b), What do you think ? ....

....

Q.8 People sometimes say that something should be done about the disabled.

What do you think should be done ?

a) Should be given some money b) Should be given training

c) Should be a place for them somewhere d) Should be given work to do

e) Should be given food f) Should be special school/institution

g) Other ....

Q.9 A Law has been passed reserving 1% Government posts for the Disabled.

Do you think this is fair ?

a) Yes b) No

If answer (b) : Why not ?

i) Disabled people cannot do a proper job ii) Many normal people need work

iii) Other ....

Q.10 Do you think that seats should be reserved in normal schools, colleges for the physically disabled ? a) Yes b) No

If answer (b) : Why not ?

i) Disabled pupils/students cannot benefit from education ii) Many normal children want to get seats iii) Other ....

Q.11 If a child is born handicapped, do you think there is any reason for it ?

a) Parents did wrong b) Something medically wrong with parent(s)

c) Something went wrong when child being born d) Mother did not take enough food e) It runs in that family f) Influence of moon, eclipse

g) Evil spirits, jinns h) No reason : It just happened; Fate, God's Will

j) Other ....

Q.12 In London The West handicapped people used to be kept apart in separate institutions (e.g. Institute for the Deaf, Home for the Blind etc). Nowadays handicapped people live like normal people and mix in everyday life and affairs. Which is better : the old way or the new way ?

a) New way b) Old way

What is the reason for your answer ....

....

....

Q.13 Do you think handicaps and disabilities can be prevented from occurring by any means ?

a) Better health facilities b) More education among mothers
c) Better midwives d) Road safety preventing accidents
e) Immunisation against polio etc. f) Don't know
g) Cannot be prevented h) Other ....

INSTRUCTIONS FOR INTERVIEWERS

It is most important that interviews be carried out consistently and in accordance with these instructions. Notes are given about each of the questions, so that the interviewer may understand the objectives of the whole exercise.

Since many of the people being interviewed will not have any previous experience of this type of survey, it may be necessary for the interviewer to help with explanation, in order to elicit any response. However, all efforts should be made to record the real opinions of the interviewed person at the time, and to avoid intruding the interviewer's own opinions or recording answers which the interviewed person thinks are expected of him but which do not represent his own opinion.

Responses must be recorded by circling the letter or number of the appropriate answer, in ballpoint pen.

For example : a) Yes [✓ b) No]

2nd example : i) Radio [✓ ii) T.V.] iii) Press iv) Other

Where necessary, write a brief answer in English in the space provided.

The language used for interviewing should be whichever one is most convenient to the person being interviewed. The word used to translate 'Disabled' or 'Handicapped' should be :

'Mazoor' (Urdu, Hindko, Punjabi) and 'Mazooran" (Pushto)

Preliminary Explanation : The phrase to be used is : "This is a public opinion survey for the Social Welfare Council." Do NOT mention handicap of disability during the preliminary explanation. To do so would be to invalidate Question No. 1.

Make sure the person being interviewed does not read down the questionnaire. Educated persons will read it sideways or even upside down, and will see the lists of possible answers, which will influence their own answers.

For the same reason, Question No.1 is printed at the bottom of the front page. Ask this question before turning over. Record the answer on the next page.

The lists of possible answers should NOT be read out to the person being interviewed, with the sole exception of Question 4. Most of the usual answers are shown in the lists, and the interviewer should circle whichever one is given. If the answer given is not listed, it should be written down briefly. If several possibilities are given, they should all be circled. The answer 'Don't Know' may be recorded as D/K. However, if this answer is given without proper thought, the interviewer may press the question again by saying 'What do you think?' or some such phrase.

DO NOT INTERVIEW any person who has witnessed a previous interview, or has read the questionnaire, of has been informed about the Survey. If such a person insists on being interviewed, and it is impossible to refuse, then **NOTE** on the front page that the interview is **INVALID**.

Question No.1 Accept any word for 'Disabled' or 'Handicapped' in what the person being interviewed tells you, provided that it is clear he/she knows that 1981 was the Year of the Disabled/Handicapped. Follow up with the appropriate supplementary question, according to whether the first answer is (a) or (b). If the answer is (b), then tell the person being interviewed that 1981 was the Year of the Disabled, and ask the supplementary question.

Question No.2 This is distinct from Q.1. The first question asks only whether people recall the fact that it was the Year of the Disabled. People might remember seeing a program about disability, even though they had never realised that the whole year was special. "During the past year" is a rough approximation covering 1981 and up to the present.

Question No.3 The question may be asked in either of the forms given. The purpose is to find out how many different types of handicap the average person can think of. Do not let the person being interviewed see the list of possibilities. Most people will say 'Deaf-and-Dumb' as a single handicap. Some people will give 'Deaf' separately and 'Dumb' separately. Listen carefully and make a distinction.

Question No.4 For this question, the person being interviewed should first give an answer. Then afterwards the whole list should be read through, adding any further information elicited by this prompting. For i) Blind, circle one of the choices of numbers, if any are given. If the person being interviewed does not know any blind, leave a blank. For the rest of the list, circle the row of dots beneath the appropriate number, or leave blank if the answer is 'None'.

Question No.5 Give a little time to think. Some people may volunteer all these categories if they think a while.

Close Relative :	Akhpalvan (Pushto) Qaraby Rishtadar (Urdu and Punjabi) Qaraby Kheish (Hindko)
Includes :	Brother, sister, father, mother, husband, wife, Aunt, Uncle, First Cousin, Grandparents, Brother-in-law, Sister-in-law.
Distant Relative :	The Leray Akhpalvan (Pushto) Door Key Rishtadar (Urdu and Punjabi) Door Dey Kheish (Hindko)
Includes :	All other relatives.

Question No.6 and No.7 The idea is to see not only what attitudes are expressed, but also to discover whether people differentiate between "public opinion" and their own view. Asking these two questions gives people an opportunity to look critically at attitudes and to reject prejudices which they do not really agree with. It is likely that several answers may be given by each person. People may agree with some parts of "public opinion", but disagree with other parts. Write in comments if necessary.

Question No.8 The more educated/intelligent person may answer to this question, and to some other questions, that it depends entirely on circumstances, what type of disability, what facilities are available, what age of disabled person, etc. This is an acceptable answer, which may be abbreviated "Depends on circs." If the person being interviewed gives such a response, record it, even if he also gives several of the listed responses.

Question No.9 and No.10 The policy of positive discrimination in favour of the minorities or people suffering some disadvantage is already commonly established in Pakistan. These questions seek to discover whether people think similar action is required for the handicapped. In Q.9, note if people state that the percentage should be higher, e.g. 5%. In Q.10 make it clear that it refers only to the physically disabled.

Question No.11 Several possibilities may be given. Again, this probes into beliefs and attitudes about handicaps. Write in any further alternatives.

Question No.12 This question is designed to make people think, choose and give reasons for their choice.

Question No.13 This will be used in comparison with Q.11, since it takes basically the same question from a different angle.

Record any further comments from the person being interviewed, or notes by the interviewer of factors which are relevant (e.g. the person being interviewed may himself be disabled in some way). Also any answers for which there was not sufficient room during the questionnaire.

Amendments AT THE END OF THE INTERVIEW ask the person being interviewed if he/she wishes to amend or add to any answer. If any such amendment is made, mark the fact that the answer is amended by placing a Capital 'A' next to it.

IF A MISTAKE IS MADE i.e. the interviewer marks one answer and then realises that he should have circled a different one, or the person being interviewed immediately changes his mind and wants a different answer recorded, the wrongly marked answer must have an ' X ' marked on it, i.e.   , and the correct answer should then be marked with a circle.

APPENDIX 2

QUOTATIONS ON ATTITUDES AND MEDIA

1) Attitudes in Pakistan (P)
2) Attitudes in Developing Countries (D)
3) Attitudes, General (G)
4) The Media and Attitudes (M)
5) Women and Disabilities (W)
6) Miscellaneous (Misc)

Notes :

a) Quotations are arranged by major subject, and then in alphabetical order of the first author;

b) Some of the quotations naturally fall under more than one heading, but have been recorded only in what seemed to be the more significant category;

c) In the Bibliography, (Appendix 3) the reference number of quotation(s), e.g. (P.8), (M.19) appears below the author's name in order to facilitate location. If there is no such reference number, either the quotation has appeared in the main text or it is a reference without quotation.

d) The views presented here are intended to illustrate a variety of points. By no means all of them are considered by the present author to be tenable points of view.

1) Attitudes in Pakistan

P.1 ABDULLAH (1981) "The general attitude of the public towards the disabled is one of callousness, indifference or pity. Even parents of disabled children usually do not have a positive or encouraging attitude; rather it is mostly one of shame and fear of social scorn and stigmatization, as well as an almost religious or superstitious view of disability as a manifestation of the Will of God and even, in some instances, of the wrath of God for their own prior sins. Such a situation requires a basic attitudinal change in the vast majority of people. Attitudes are not as easily altered as are physical states, so this will take a long time indeed."

P.2 GURDENI (1979) "Historically our society left the care of its disabled persons to the individual families and the mercy of individual charities. A number of changes in our urban social structure have rendered this way of looking after the disabled persons obsolete, at least in the rapidly expanding urban industrial centres. In the strenuous and individualistic life of the cities it is no longer possible for individual families to adequately meet the physical, educational, emotional and medical needs of their disabled members. .... Collection of the alms by the needy is also a pattern which is completely out of place in the urban social structure.... In view of these changes in our social structure it has become imperative that the disabled persons should be considered primarily a public charge and treated as such. Voluntary individual efforts can supplement public efforts in this direction once an effective institutional set up is evolved to deal with the problem."

P.3 JAZBI (1983) "He said that the disabled persons were equally important entity of society and they should be treated like that. The Government and the President was keenly interested in the social education of society so that the old dogmas might disappear from society and people clearly understand that disabled could be equally educated and trained and made useful citizens to earn their livelihood and become self-sufficient in all respects." (Pakistan Times report 13/1/1983 of Dr. Basharat Jazbi, Advisor to the President on Health, Special Education and Social Welfare)

P.4 KHAN, G.A. (1979) "We all see that the general attitude of our people towards the disabled has all along been of unconcern and cold neglect. The dear and near ones give them nothing by way of affection except sad sighs of woe. They think that the disability in itself is a curse from the Heavens visiting them because of their sins, and to atone for these sins they think it best to resign themselves to the Will of God. Eventually they do nothing for the disabled. Instead they hide them from the public for fear that people may make fun of them."

P.5 KHYBER MAIL (13/5/1981) "The beggars and disabled persons day will be celebrated by the Social Welfare Council Kohat in the Town Hall on 14.5.1981 from 8.00 a.m. to 5.00 p.m. Free food will be supplied to them and free medicines will be supplied to poor patients."

P.6 KHYBER MAIL (29/12/1982) "DEAF JOINS VARSITY. An 18-year old deaf student has won a place at Britain's Oxford University to study music.-Reuter."

P.7 KHYBER MAIL (11/5/1981) "It was her conviction that if Allah Almighty had snatched something from a man, he had endowed him with other unlimited capabilities, which he should develop to prove himself a useful citizen."

P.8 KHYBER MAIL (29/9/1981) "The incidence of mental retardation ... is of limited nature because environmental pollution is still not a problem, family ties are strong; life style is simple and full of sufficient contentment, use of drugs is limited, the genetic problems are scarce."

P.9 MANZOOR AHMAD (1981) "Lacking scientific explanation of deviation from normal, the primitive people believed that the occurrence of an abnormality was due to evil spirit and that an affected individual was possessed of the devil, the victim of supernatural or mystic forces. This is especially true in our country where a handicapped child is considered to be the curse of God or punishment to the parents for wrong or sin done by them. It is both sad and ironic that even today, despite centuries of enlightenment, many persons regard an individual with a defect as one in league with devil or the victim of sin and evil spirits."

P.10 MILES (1981) "A survey in July 1980 covering up to 50,000 households in the N.W.F.P. of Pakistan showed that of those having a handicapped child, 98% reported receiving no help of any sort from neighbours, religious bodies or social workers. A previous enquiry into public attitudes towards the mentally retarded indicated that fear and pity predominate."

P.11 MIRZA (1981) "A handicapped individual is generally seen by the family as a misfortunate, in some cases a punishment from God. A worker in the field is forced to choose between identification with the handicapped or sympathy with the parents."

P.12 PAKISTAN TIMES, EDITORIAL (1982) "It is well established that among the various forms of handicap deafness is the most teachable."

P.13 PAKISTAN TIMES (24/6/1981) "It is the severe cases of mental retardation that need to be institutionalised. For such children residential institutions may be opened under the care of a superintendent."

P.14 PAKISTAN TIMES (n.d.) "With the population census, it would become feasible to assess the accurate number of the disabled including the blind and the government would be able to prepare plans for their training and welfare in a realistic manner."

P.15 PAKISTAN TIMES, EDITORIAL (n.d.) "An urgent need in this connection is to collect as much data as possible .... making available the exact statistics on the disabled and the disabilities from which they suffer."

P.16 PAKISTAN TIMES, EDITORIAL (23/1/1983) "Looking after nearly 10 per cent of the population is a tough undertaking. Poverty is a concomitant of disability for the 120 million disabled in the developing world. If a person is congenitally handicapped or becomes disabled through an accident circumstances inexorably push him into beggary .... The truth of the matter is that most handicapped people are endowed with extraordinary courage and talent with which to combat life's hardships."

P.17 SHAH, F. (1982) "In the majority of cases the family presents greatest attitudinal obstruction to the disabled persons benefitting fully from the rehabilitation services."

P.18 TAREEN (1981) "But more than anything else what the handicapped person needs is acceptance and integration in the society. What actually happens is that the handicapped persons are usually made to feel as if they are a burden on their parents, their family and society, and this leads to a lot of frustration and heart break."

2) Attitudes in Developing Countries

D.1 ADHIKARI AND GUDALEFSKY (1981) "Nepal is a 'slow learner', a 'traditionalist' when it comes to community attitudes concerning the retarded. "God's will", "Fate", "Punishment" are foremost in most minds. The governing traditions and beliefs of the community persist ... "the retarded are supposed to be that way". If this be true, who would dare interfere with the highest powers and try to help such children?"

D.2 AHMADULLAH MIA ET AL. (1981) "Generally the attitude of families towards the disabled is influenced by a supernatural explanation of disability rather than by any rational understanding of the problem. This certainly affects the mode of treatment. It is believed by an overwhelming majority (some 80%), especially among rural families, that the incidence of an impairment is simply what God has willed. In a few cases, the disability is regarded as a curse on the family for some sin committed by family members." (Bangla Desh)

D.3 CHACKO (1981) "(Mental illness and mental retardation) ... are still considered taboo, and families tend to hide afflicted individuals from society. On the other hand, Indian society accepts and absorbs a great many idiosyncrasies, and a mildly retarded or disturbed person, particularly a child, is accepted and tolerated by families without any overt rejection."

D.4 CRAWSHAW (1982) "Remember, this is a socioeconomic disease. Once he is diagnosed as a leper he is fired from his job. The government punishes him for something he has not done. .... The pain of leprosy originates in the eye of the beholder and becomes pain for the patient as he is shunned and ostracised, as he loses the humanness he once possessed." (India)

D.5 CUSSON (1982) "In the Cameroon .... there is superstition that any handicapping condition would spread to all. .... An abnormal child cannot integrate himself into this society. From birth he is faced with this problem. Up until a few years ago, the birth of twins or a disabled child was looked upon as an error. They were not considered a human life but rather as a water spirit having penetrated the body of a woman while bathing. It therefore had to be returned to its own underworld. So, the child would be placed on a rock on the edge of a water hole to enable it to rejoin its true parents."

D.6 H.A.N.D.S. (1979) In a survey of attitudes, acceptability and tolerance towards mentally handicapped children conducted by H.A.N.D.S., Nepal, good attitudes were reported for 63% of adults, 63% of siblings and 54% of other children.

D.7 KING AND MORLEY (1977) "(Disabled children in Zambia) ... are looked on by the population as oddities, and soon become self-conscious. Unfortunately the health workers react to them as do the general population, with mixed curiousity and avoidance, but offer little practical help or support."

D.8 KITCHEN (1982) "Taboo, supernatural belief, fear and ignorance still play a large part in shaping people's attitudes towards the disabled. A disabled person is often put on a par with an evil spirit which has visited the family as a punishment or an embarassment." (Papua New Guinea)

D.9 MASAMBA MA MPOLO (1981) "No weak, small or disabled individual is a half person; likewise no strong, big, healthy or wealthy individual is two persons" : explanation of a Kongo proverb.

D.10 MBA (1981) "In some African countries including Nigeria, people believe that disabilities such as deafness, blindness, mental retardation etc. are the results of punishment by unpacified gods for violations such as immorality, murder, disregard for sacred traditions and heedlessness."

D.11 MBEKEANI (1971) "New thought on the rehabilitation of the mentally handicapped ... "This appears to be the heritage of social advancement. There is an increasing denial of social responsibility on the part of the indigenous people for their dependants and there is also a tendency on the part of the authorities to send beggars, vagrants and other social nuisances to mental hospitals as a line of least resistance."

D.12 MITTLER, ET AL (1982) "The superstitions associated with mental handicap in different cultures ... some Phillipinos consider having a mentally handicapped child a sign of 'good fortune' in the future; many Thais view it as a punishment of past sins, and some Indians consider the child possessed of an evil spirit so there is nothing one can do but pray."

D.13 ONWUEGBU (1977) (quoted, Caulcrick, 1981) "A recent study ... revealed the following salient features in the cause and effect relationship of the birth of handicapped children ... drawn from 19 states of the (Nigerian) Federation. The numbers in brackets indicate the number of cultures that believe in the cause and effect relationship : Curse from God (12); breaking laws and family sins (10); offences against gods (9); witches and wizards (5); adultery (3); misfortune (3); ancestors (3); God's representatives (2); misdeed in a previous life (2); illegal or unapproved marriage (2); shows the omnipotence of God (2); evil spirit, e.g. Ekwensu (2); killing certain forbidden animals (1); a warning from God (1); fighting elders during harvest/planting seasons (1) .... It cannot be said that these beliefs and treatments are practices of the past. They exist alongside modern doctrine and practice, sometimes in the same village or city."

D.14 PAKISTAN TIMES (16/3/1981) "Some Muslim tribes of North Africa believe that a family is especially favoured if Divine providence places a handicapped baby with them. Since the handicapped needs more love, care and attention they believe that God selects exceptionally loving families to receive a handicapped baby. Whether or not it is true, it certainly makes a different attitude in that society."

D.15 PHYSICALLY HANDICAPPED SLUM PEOPLE DEVELOPMENT ASSOCIATION (n.d.) "Totally uncared for, many invariably became beggars, trading on their deformities. Some were used as stooges in the illicit liquor business and some ended up as pimps for the agents who controlled the flesh trade of the cheaper variety on the streets." (Bangalore)

D.16 SERPELL AND N'GANDU (1981) "Public attitudes in Zambia towards the mentally handicapped may be relatively 'accepting', at least in respect of the family's basic responsibility for the survival of the child. But they appear also to be 'accepting' of handicap as an irremediable condition."

D.17 SOMASUNDARAM, ET AL (1971) A survey of public knowledge and attitude towards epilepsy and epileptics 1968-69 in Tamil Nadu revealed that approximately 11% of the population believed epilepsy to be caused by devil possession.

D.18 UNESCO (1981) "The attitude of society towards the handicapped .... was negative. A handicap was regarded as being beyond the control of human beings, and the individual afflicted had no alternative but to live with his handicap and accept it as an unfortunate fact. His family too could do nothing but resign themselves to the situation." (Jordan)

D.19 UNESCO (1978) "Because of a favourable climate, a clean and unpolluted environment, natural and sufficient food stuffs and other favourable natural conditions rarely can one find children that inherit serious mental, psychological or physical diseases from their parents. For instance, the nomads who live the poorest and most difficult life produce the healthiest children. A very small number of bald, blind or paralytic children; or those with missing limbs caused by social and economic problems or the insufficiency of preventive and curative medicine are found in Afghanistan." (Report on Asian Regional Seminar on the Education of Mentally Retarded Children)

D.20 W.C.C. (1981) "Our cultural heritage is that the disabled should be cared for by the family concerned, otherwise it would bring a curse. But with rapid social and economic changes, these beliefs are being neglected and some handicapped children are abandoned at hospitals or churches." (Uganda)

D.21 W.C.C. (1981) "Often the handicapped are rejected because of physical deformities and disfigurement. There is a strong belief in giving alms." (Ethiopia) "Handicapped people are considered the consequence of the evil spirit and of God's punishment; it is therefore necessary to avoid these embodiments of God's disapproval and of the evil spirit." (Madagascar) "Sometimes it is taken as a punishment for evil done and accepting them will bring bad omen to the whole society." (Tanzania)

D.22 W.H.O. (1982) "Disabled persons form the most underprivileged group in the societies of developing countries. They have higher incidence of disease and malnutrition and have higher mortality than others; many of them live a life without dignity in absolute poverty. They are victimised by superstition and beliefs that they are possessed by evil spirits or that their presence is proof of divine punishment of the family."

D.23 WIG AND MURTHY (1981) "It is a common belief, particularly in the villages and among less educated persons, that 'unmad' (psychosis) is not an illness. It is thought to be due to religious and supernatural forces. This is attributed to phenomenon like 'ill-will of Gods' and 'Visitation of evil spirits and souls of dead persons'." (India)

3) Attitudes, General

G.1 BLOCK AND YUKER (1979) "One problem is that negative attitudes are usually hidden. Publicly most people express support for the disabled and applaud attempts to permit them to enter the larger society. When you get to specifics, the issues become clearer. One hears statements such as 'I'm not prejudiced against the disabled, but I believe it is best for them to go to special schools where their needs can be fully taken care of.' ... There are many seemingly 'good reasons' why the disabled cannot be integrated into the larger society as much as we would like, but it is amazing how many of these reasons disappear when attitudes are positive." (U.S.A.)

G.2 CARLSSON (1981) "Whatever our material conditions, as handicapped people we are greatly influenced by the human attitudes of the community around us. Our self-esteem and dignity are easily attacked in communities where the strong, the well-trained, and the well-shaped members of society are given praise and prominence and where the traditional view of handicapped people is that they are weak and cannot be expected to contribute to the common cause. Living on these terms, we are easily reduced to cases, objects of care. We are not regarded as an asset, as people who by virtue of their ability have something to offer."

G.3 CURTIS (1981) "It seems that changing the community's attitudes towards the disabled is of prime importance if there is to be any effective change. Attitudes are not something that exist alone, they come from people's feelings, from people's daily lives and experiences; from feelings of insecurity and fears that are generated by competition, by a desire for individual salvation; by lack of employment, by fears of being abandoned because the family structure no longer is concerned about the elderly or the disabled. It is possible to get people to look at their stereotypes, prejudices and fears, to recognize where those fears and prejudices come from and attempt to reject them. Therefore it is necessary to educate people about where their attitudes come from - from daily life experience, from parents, customs."

G.4 ECOSOC (1976) "In spite of the fact that handicapped children live in every community, the attitude towards them often is discriminatory, and their basic problems are either exaggerated or misunderstood and are often left untreated. One form of such discrimination is a tendency to shift these children out of sight by putting them in a closed institution or by otherwise keeping them out of the mainstream of everyday life."

G.5 E.S.C.E.C. (1981) "One final objective of the Opinion, which was adopted unanimously, is to have an effect on attitude - the attitude of ordinary people to their disabled fellow citizens and, in particular, to their disabled fellow workers. Many of the problems of disabled people unfortunately still arise because of the prevalence of ignorance and myths about disability. It is hoped that one of the achievements of the International Year will be to greatly reduce such ignorance and enable disabled people to be welcomed not only by employers but by fellow employees as valuable and valued members of the work force."

G.6 GARDESTROM (1977) "Formerly the handicap was generally seen as entirely related to the individual. The handicapped individual needed the assistance of society in various respects. Little by little this view has changed, and, instead, the handicap is now seen as a matter of relations between the individual and his or her environment."

G.7 JONES (1980) "Although there remains a great deal of prejudice from members of the public, usually from ignorance, attitudes towards handicapped people and their families have changed considerably over the last 25 years. The importance of the change is that it allows and enables new scope for the handicapped, their families and for those who seek to help them." (U.K.)

G.8 LABREGERE (1974) "It is obvious that the attitude of the public in a given country at a given time is a blend of many elements, bound up with individual or collective ideologies, ethics, codes of professional conduct and people's own specific experience with the handicapped persons they may have had occasion to meet. In most countries there exist side by side attitudes which can be traced back to much earlier stages than the stage corresponding to the level of thinking on this question reached by the most progressive groups."

G.9 LABREGERE (1974) "A number of successive stages which we shall briefly analyse : The 'philanthropic' stage ... The 'public assistance' stage ... The stage of fundamental rights ... The stage of the right to equality of opportunity ... The stage of the right to integration ... (in which) the following major elements can be cited : The right to be different ... The right to share in ordinary education ... The right to work in normal surroundings ... The right to leisure ... The right to continuing education ... The right to choose ... The right to autonomy ..."

G.10 MCKENNA (1978) "Specific prescriptions which have been found most useful in family intervention programmes are : .... (5) Help parents to cope with negative attitudes they are bound to meet with from relatives, from professionals, from administrators and from other children. These are the deficiencies of others not of their children. Attitudes and their consequences may be as prejudicial to children's development as any internal pathology they may have." (Eire)

G.11 PENROSE (1972) "In many communities defectives were regarded as especially innocent and holy. This attitude seems to have been more characteristic of Eastern than of Western culture in early times. Both Confucius and Zoroaster in their writings instructed their followers to care for the weak-minded, to clothe them and to treat them kindly."

G.12 ROSENBERG (1977) "There were times when it was a stigma to wear spectacles or to have red hair - as attitudes in these cases have changed, the fact of 'being handicapped' will have to be regarded as 'normal' - only then shall we have found the general basis for further rehabilitation." (Austria)

G.13 SHAH, F. (1982) "To achieve all this it is necessary for the handicapped to fulfill certain duties and responsibilities to ensure success in their vocational rehabilitation."

G.14 SHAKESPEARE (1975) "When contact experiences are arranged and reactions studied, the general finding is still that contact alone does not change attitudes ... Similarly, providing information on disability through books, films, television and lectures increases a person's information about the handicapped but has not been shown to affect his attitude in any useful way. In contrast, contact plus information has been shown to produce more favorable attitudes.

G.15 THOMAS (1978) "Attitudes are learned in various ways: the attitudes of those who hold key positions in our lives may be internalised; personal and distinctive attitudes can be acquired from particular personal circumstances or from a single traumatic event or, without serious reflection, from the general social surroundings. Some attitudes are so firmly embedded that they can legitimately be regarded as stable elements of the personality, vigorously resistant to modification ... Attitudes may develop in ... three motivational contexts; the search for meaning, group conformity and ego needs - and the more psychologically profound the basis for an attitude, the more resistant it is to change. The extreme form of negative attitude is prejudice ... a state reached before relevant data have been collected and examined.

G.16 THOMAS (1978) "Perhaps the gravest defect of much of the research is its failure to follow through the measurement of expressed attitudes into the field of actual person-to-person contacts .... One of the most glaring faults in the research is not one of design or psychometric efficiency, but the way in which expressed attitudes are insidiously extrapolated to beliefs concerning public behaviour..."

G.17 UNESCO (1981) "The general level of knowledge in society is of decisive importance for the quantity and quality of services for handicapped children. Where ignorance and adherence to old beliefs prevail, there is low motivation to develop services or even hostile attitudes to the handicapped."

G.18 WALL (1979) "In simpler societies (the handicapped) may be assigned a role which may be welcomed, feared, surrounded with religious mystery and taboo, or merely accepted and ignored. In Europe and North America we have seen attempts by society or by particular handicapped groups at assigning specific and separate roles - music or begging to the blind for example - and at more or less complete segregation in hospitals or asylums, at least for the most handicapped, coupled with the formerly familiar phenomenon of the deformed 'fool' at court and the 'village idiot' in the country .... Unfortunately, handicap does not necessarily awaken compassion and understanding in others, and few families with handicapped children are without experiences of humiliation, of indifference and downright unhelpfulness. Some handicaps, of course, are more easily accepted than others : blindness, for example, or physical handicap tend to evoke pity and helpfulness; physical deformity, severe mental handicap and very disturbed behaviour may provoke immediate rejection and fear. By and large, however, the general public, and children in particular, can only come to behave in a kindly but unsentimental way to the handicapped if they have the opportunity to learn to live with others who, although different, are accepted without stigma by the community. This is the strongest argument for integrated community care for the handicapped."

G.19 WATTS ET AL (1982) "... the press for integration seeks not only to establish the least restrictive setting for the handicapped child but also to provide social experience of handicap for those without disability. A central assumption in this emphasis is that, via the contact between the handicapped and the non-handicapped, the inaccuracy of stereotypes of the disabled will be recognised and the handicapped valued in their own right."

G.20 WATTS (1982) "Even my husband's parents have avoided her since they were told of her problems. I have been stunned by an adult who wouldn't let her near her own child in case she "caught it". How incredibly ill-informed we are as a society." (Parent of handicapped child, Australia, quoted in Watts, 1982)

G.21 WHITE (1979) "In recent years efforts have been directed towards what many believe to be the single most significant barrier - that of attitudes. Many believe that if attitudes can be changed, solutions to the specific problems confronting handicapped people will fall into place as a matter of course."

4) The Media and Attitudes

M.1 ACTON (1979) "All of the objectives I have cited require a much more adequate flow of appropriate kinds and levels of information. From the approaches needed to improve the orientation of international planners and ministers of health to the most simple instructions prepared to assist an illiterate mother in dealing with an impaired child, from general guidance for village health workers to suggestions for teachers who have exceptional pupils, and particularly for people with disabilities, very little of the printed and audio-visual material we have is appropriate or effective."

M.2 CHRISTOFFEL BLINDEN MISSION (Seminar, 1978) "We express our disappointment and frustration that in spite of all the knowledge available on the subject of training, rehabilitation and integration of the blind, very little has so far been achieved ... particularly in developing countries.... We summarise the disastrous effect of most existing programmes as ... economically unviable ... socially isolating, and ... psychologically stunting. ... Public awareness campaigning must be spearheaded by those who have demonstrated practical economic and social success in and through their programmes ... Themes taken from real life should show the blind as leaders in the family, community and place of work. Society needs to understand that the blind do not want to be recipients of charity but that they can participate in all areas of life."

M.3 DUSSERRE (1982) "The danger is particularly great in the case of television because the audiovisual presentation does not lend itself to exact analysis, questioning, indication of discrepancies, reservations, and explanations of the finer points."

M.4 ESCOFFIER-LAMBIOTTE (1982) "Medical journalists are sometimes accused of sensationalism. I have observed during a long career as a medical journalist that the greatest sensation-seekers were the scientists and doctors themselves. Why? Because the funds they depend on to keep their laboratories and research centres and hospitals functioning are directly related to the amount of publicity they can get on radio or television."

M.5 GARDESTROM (1977) "It is the opinion of everybody that the program "Hands-up" definitely changed attitudes. One of the reasons was that this was entertainment, a children's program which was not mainly meant to be pedagogical. Even people who were not at all interested, or who had not intended to turn on a programme dealing with the deaf, at least received some information ... One of the main reasons these programs have been such a success is that the producers have always worked in very close contact with the handicapped themselves and their organisations. The producers of the TRU programmes have taken as their leading principle and guide : How do the individuals concerned wish the information about themselves to be presented?" (Sweden)

M.6 GARDNER AND RADEL (1978) "The disabled person is likely to be portrayed in the media as a dependant person requiring special services and support from the community. This image could be expected to reinforce stereotypes of the disabled person as someone who is not capable of effectively managing his/her own affairs and someone who needs to be helped and perhaps even pitied. Such stereotypes can only hinder the adjustment of these persons by denying their ability to determine for themselves their own method of coping with their handicap, and reinforcing their image of themselves as 'Helpless' and 'dependent'."

M.7 GARDNER AND RADEL (1978) "Media items .... concerned with miracle cures or recoveries, an excellent illustration of which is the movie Charly about a mentally retarded young man who is changed within a matter of weeks into a genius as a result of chemical treatments ... Though by themselves 'Charly syndrome' items may be infrequent, their impact is likely to be profound, and we need to be aware of the tragedy of false hopes inherent in such theatrics."

M.8 GAUTIER (1981) "The mass media can be a powerful support to the disabled, bringing within their reach needed information to face their problems and helping them to become integrated to society, provided that those involved in the media have an understanding and awareness of their needs and problems."

M.9 HERMANO (1982) "The main contention ... is that education - health education, or any kind of education - cannot by itself necessarily achieve anything at all. Techniques of communication do not, by themselves, alter a situation; they can only make people aware of the possibility of changing things, and perhaps feel the need to change ... Merely disseminating information about something in the expectation that it will surely change people's behaviour flies in the face of what any schoolmaster knows instinctively about the way people learn to change their behaviour ... It is in the consideration of something that all kinds of forces come into play - family beliefs and traditions and economics, fear of ridicule of neighbours, fear of the disapproval of the community, etc. ... quote the words of someone in the Planning and Development Division : 'In Pakistan, education must be raised above the well-meaning but often farcical level of public media propaganda. Health education requires the blending of rigorous community training and subtle personal appeal far beyond the methods of commonly used exhortations. This should be a coordinated effort between the health, education and information departments."

M.10 HULEK (1977) "Despite the fact that the disabled are sometimes presented to public opinion in an incorrect way (too much stress is put on their "feeling of inferiority", 'break-downs', 'complexes'), the mass media have contributed to our feeling that the disabled and their needs should concern all of us; we are conscious that they are members of our families, schools, enterprises, organisations, leisure activities, etc." (Poland)

M.11 **KHAN, M.H.** (1981) "It is the institution of mass media which provides a vital link between the state, the community leaders and the participating members in the movement to ameliorate the conditions of the disabled population. Mass media provides communication channels through which messages for action travel with greatest speed and with least cost. ... However, the media agencies needed improved data support from state institutions, the health educationists and the community leaders ..." (Pakistan)

M.12 **MARON, S.** (quoted by Rosenberg, 1977) "I want that the people who have responsible positions in the mass media, make reports on (handicapped) people, not in a pitying mentality, like 'they are so poor, we have to do something, good people, give alms', but to make the people aware that - certain conditions granted - the handicapped person can live exactly like anybody else." (Austria)

M.13 **MARTIN, E.W.** (1977) "Our media campaign emphasizes that handicapped people are more like than unlike the rest of society, that they have the same rights as everyone else to appropriate educations, jobs, housing, recreation, and fulfilling lives, and equally importantly, that they have the same obligations to contribute their talents and energies to managing the nation and increasing its resources."

M.14 **SAINT-MARTIN** (1977) "At times when the mass communications media, and advertising in particular, dwell on the image of the superman and the eternal woman, and when more and more people resort to aesthetic surgery, the "handicapped' may present a counter-image which is the opposite of beauty or intelligence. ... Handicapped people should be aware of their responsibilities, for, willy nilly, they produce images in the minds of the people surrounding them which may help either to entrench existing stereotypes or to call them in question."

M.15 **MENANTEAU-HORTA** (1982) "The sociocultural dimension of health problems appears, indeed, most prominent in developing countries where vast segments of the population still remain marginal to the technical messages of the mass media and the benefits of modern medicine ... Improving the dialogue and seeking more efficient working relationships between professional communicators and public health personnel certainly represents a significant step in the right direction ... a productive and effective dialogue of this sort may also require attitudinal and behavioural changes among health scientists and medical practitioners as they relate to their patients, journalists and the general public."

M.16 MEYER (1977) "The main problem with such an information campaign consists in the fact that the public in general has very little interest in the whole subject. We therefore employed media with which we can achieve a certain surprise effect and provoke the individual member of the public to more social commitment ... We realised from the very beginning of the campaign that the public's negative attitudes towards the handicapped cannot be broken down by providing factual information alone. Two things are especially important. First, communication must be established to narrow the gap between the two social groups, with the particular aim of breaking down fears and other defence mechanisms. Secondly, campaigns must be offered, which involve direct contact with the handicapped, in order to increase the ability for immediate communication and a sense of confidence when in each other's company." (West Germany)

M.17 MILES (1980b) "I would like to get hold of some slides showing basic principles of special education of the mentally handicapped, emphasizing teacher-child, parent-child, teacher-parent relationships, learning through play, use of simple equipment plus lots of imagination ... Take 20/30 carefully set up pictures here showing the above interactions and equipment and match them roughly with the same number of slides from developed countries, add a commentary pointing out what is done and why in developed systems and how we adapt and modify this in Pakistan. The impact of seeing real live Pakistani equivalents of European methods will be tremendous."

M.18 MOHL (1982) "The pros and cons should always be carefully weighed. A number of questions must be asked. Is the source of the information known? Is the information reliable and comprehensible? Does it allay fears or create them? Does it arouse justified or false hopes? Could it do more harm than good?"

M.19 MOYES (1981) "Charities have to raise funds from the public, so they publicise the most emotional pictures of disabled people - often children. Thus, they confirm most people's idea of disabled people as child-like, passive, dependent, sexless and irresponsible. They dramatize "the unthinkable tragedy" of disablement, reinforcing people's fears of disabled people and their desire to avoid them (usually by putting them into institutions)."

M.20 ROBERTS (1981) "We need, for example, to educate the mass media, which all too often runs stories about a helpless, poor, handicapped person. That type of story is simply misleading and deceptive. We must provide the media with information about persons with disabilities who are successful doctors, lawyers, auto mechanics, computer programers, etc. We need to help the general public understand that a disability in and of itself is not devastating, and that a person who has a disability can live an active and rewarding life." (U.S.A.)

M.21 SAFILIOS-ROTHSCHILD (n.d.) "There is probably no country, and perhaps one has never existed, in which the disabled have not been discriminated positively or negatively in one or more areas ... Possibly the greatest potential for changing the 'hard core' affective prejudice on the part of the non-disabled may lie in the effective use of mass media."

M.22 SAVY (1977) "It is noticeable that, at least subconsciously, a hierarchy of the disablement exists. Cardiac sufferers had 149 programs, the physically handicapped 120, mentally handicapped 28, mentally ill 29, visually handicapped 15, the deaf 13, diabetics 14 and none for other forms of handicap. It should also be noted that the dividing line between mental handicap and mental illness is often badly defined. ... Where the press is concerned, information is published in regional newspapers only on such occasions as the opening of a new establishment for the handicapped." (France)

M.23 SHEARER (1982) "Clearly the spread of information across such a vast country is difficult - but clearly too, without it, people will go on reinventing the wheel and being denied an important resource. ... I'm personally more and more convinced that programs for "public education" lead to headaches, diffused energy and uncertain return. A media presence is essential, and has its educational component. But otherwise, it seems to me that education should be specific in both its contents and its targets." (Australia)

M.24 UNESCO (1981) "In all the [rehabilitation] programmes discussed the weakest point seems to be the 'information and education for better awareness' aspect. Recognition of its importance is apparent, but the attention actually paid to this aspect is not sufficient. ... There is an urgent need for a carefully planned national campaign to bring about awareness of the problems of handicaps in children and to develop favorable attitudes towards the care of handicapped children. This should be directed at the general public, and particularly parents, teachers, social workers, paramedical workers and voluntary workers. Such a campaign would help in achieving early detection of handicaps in children and timely intervention in such cases. This would also result in greater community participation and responsibility in the care of handicapped children." (Sri Lanka)

M.25 WILSON (1977) "It is interesting that the aims of the general publicity campaign have changed over the years. Originally it intended to be concerned with the needs of disabled people but now it is slanted towards the integration of disabled people into the community and their participation in its activities." (U.K.)

5) Women and Disabilities

W.1 CAMPLING (1979) "... the able-bodied exercise discrimination which reduces the quality of life of the disabled. The woman will feel stigmatized by the reactions and sanctions of family, friends, colleagues and professionals, so that it becomes a major problem, not only to cope with the physical effects of disability, but with the social and psychological consequences. It is these which produce a negative self-image."

W.2 REHABILITATION INTERNATIONAL (1977) "... the double discrimination from which disabled women are suffering, once because of their gender and once because of their disabled status. This discrimination is severe and quite pervasive in that it affects all areas of life : education, employment, economic status, marriage and family life, health care and rehabilitation care ... Many disabled women around the world face more than double discrimination because they are not only women and disabled but also illiterate, unskilled, and poor. Their disability and gender reduce even further their chances for education and training, already limited by poverty. Often disabled, poor women are deprived of all human rights and may be reduced to beggars."

W.3 REHABILITATION INTERNATIONAL (1980) "The inequality of women's rights and opportunities to participate in economic, social and political life and in obtaining an education compounded by the additional limitations, both physical and social, which accompany most disabilities."

W.4 SHAH (1974) "If history and society have not been kind to women in general, they have been less so to blind women ... prejudice, ignorance and fetish have relegated her to an inferior position in society, an object of false pity and mindless charity. This is specially true of the countries of the Third World where discrimination against women as a whole in the field of education, employment and social integration is at its peak where blind women are concerned. In the developing nations, especially in Asia and Africa, the blind woman ranks in the lowest grade of citizenship, the victim of hypercustodialism."

6) Miscellaneous

Misc.1 **FREIRE** (1972) "Welfare programmes ... act as an anaesthetic, distracting the oppressed from the true causes of their problems and from the concrete solutions of these problems. They splinter the oppressed into groups of individuals hoping to get a few more benefits for themselves. This situation contains, however, a positive element : the individuals who receive some aid always want more; those who do not receive aid, seeing the example of those who do, grow envious and also want assistance. Since the dominant elites cannot 'aid' everyone, they end up by increasing the restiveness of the oppressed."

Misc.2 **MILES** (1980a) "We should like future teachers to know something of the range of equipment designed for specific teaching purposes, yet without stifling their own creative initiative ... if one starts with the latest whizz-bang electronic aids then the idea takes root that no progress can be expected without these impossibly expensive and inappropriate items."

Misc.3 **THOMPSON** (1982) "But everything will depend in the last resort on how seriously government - and that means the cabinet - takes the well-being of the disabled as a matter for official action. And, despite successful IYDP activities, it is doubtful whether many governments, with their increasingly severe financial constraints, accord to the disabled - one in ten though they may be - any very great priority."

Misc.4 **WRIGHT** (1981) "We have heard and discussed a number of ways for improving survey methodology; most of these methods have talked about nonsampling kinds of errors. I think Sir Josiah Stamp of the Inland Revenue Department in England (1896-1919) probably said it best : 'The Government are very keen on amassing statistics, they collect them, add them, raise them to the nth power, take the cube root, and they prepare wonderful diagrams, but you must remember, never forget, that every one of the figures comes, in the first instance, from the village watchman who just puts down what he damn pleases.'"

APPENDIX 3

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APPENDIX 4

GUIDELINES FOR THE MEDIA

A U.N. working party recently formulated guidelines, after successive consultations and modifications, which have the following primary objectives : "To present people with disabilities in ways that, wherever possible, demonstrate their varied, positive and multidimensional participation in society." A booklet incorporating, illustrating and amplifying the guidelines will shortly be published, including sections of advice to special groups within the field. The basic guidelines are as follows :

1) Depict people with disabilities at home, at work, at school, at leisure and in a variety of other ordinary social and physical situations.

2) Acknowledge the natural curiosity and occasional awkwardness that may develop in social situations involving disabled and non-disabled individuals. Where appropriate, provide positive examples in which such curiosity is satisfied and in which awkwardness is lessened.

3) Include people with disabilities as part of the general population in media products in addition to those in which their story is the primary focus.

4) Avoid presenting people with disabilities as dependent or pitiful. Other stereotypes to be avoided include presenting people with disabilities as inherently saintly or asexual, gratuitiously dangerous or uniquely endowed with a special skill due to a disability.

5) Consider carefully the words used to describe or characterize disabled individuals. Recognize and avoid phrases that may demean these individuals (e.g., blind as a bat, deaf and dumb).

6) Portray people with disabilities in the same multidimensional fashion as others.

7) Present the achievements and difficulties of people with disabilities in ways that do not overemphasize the impairment or exaggerate or emotionalize the situation. For example, in news stories and documentary reports, the fact of a person's disability should be reported only when it is directly relevant.

8) Information should be provided to the public about prevention of and treatment of impairments that lead to disability, as well as the availability of services for people with disabilities and their families. This can be done through public information campaigns and also can be integrated into general media products.

The intention of these guidelines is not to prescribe rules which should be followed in all times and places, but to give an outline which could be adapted for local circumstances. Clearly some adaptation would be necessary within Pakistan, on the basis of the prevalent public view of disabilities and disabled persons, the current level of participation in society by disabled persons, and the level of media sophistication. Such adaptation could best be carried out by a working party of disabled persons, journalists and media producers, marketing and rehabilitation professionals, and social psychologists.

APPENDIX 5

PROPOSAL FOR A PAKISTAN INFORMATION AND RESOURCE CENTRE ON REHABILITATION (P.I.R.C.O.R.)

AIMS

- Collect, store and disseminate information on disabilities, special education and rehabilitation, to / from Pakistan and abroad;
- Direct, initiate or supplement media presentations on disabilities, special education and rehabilitation;
- Answer individual enquiries from disabled persons / families / organisations;
- Provide information/orientation courses for Government officers, voluntary agencies, etc.;
- Co-ordinate and network between all rehabilitation agencies in Pakistan by circulation of relevant information;
- Study public level of information and attitudes, monitor programs for attitudinal changes;
- Edit and publish "Pakistan Journal of Special Education and Rehabilitation".

JUSTIFICATION

The Government of Pakistan is firmly committed to the rehabilitation, welfare and social integration of the disabled community, variously estimated at between 2 million and 10 million persons. The enormous variety of needs, requirements, possibilities, policies, skills, equipment and resources in this field is far beyond the scope of present Government departments and N.G.O.s to assimilate or co-ordinate. One major result of this is that there is a great deal of inadvertent overlapping, mismanagement, inefficiency and delay, even in the implementation of policies which have the fullest backing of the Government.

Furthermore, for the Government's plans to be implemented successfully, for the full benefit of them to be gained and for necessary feedback to be utilised in ongoing adjustments, there needs to be a massive re-education of the general public and a continuous input and output of accurate, relevant information to and from strategic sources and targets in Government and N.G.O.s.

The proposed P.I.R.C.O.R. would act not only as a service agency for other Government Departments but also directly upon the needs and problems of disabled persons and their families. Throughout the world the first and re-iterated demand from disabled persons and their relatives tends to be for accurate information; whereas the service first provided tends to be institutional care for a small percentage of those in need. P.I.R.C.O.R. would respond to the felt and expressed need of several million citizens.

P.I.R.C.O.R. would pay for itself in terms of avoiding waste and misdirected efforts in disability service programs, for which the not inconsiderable sum of Rs. 83 crore is budgetted from 1983 - 1988. Not only would it pay for itself by indirect saving, but it would directly save the nation some of the millions of man-hours and transport costs currently wasted by disabled persons and their families in fruitless travel here and there in search of authoritative information.

This overwhelming economic argument does not even begin to take into account the human anguish and suffering caused by lack of information about disability and rehabilitation. Nor does it count the very major part played by information and attitudinal change towards the prevention of disability.

Up to the present, rehabilitation efforts in Pakistan have proceeded randomly, and the Government has fostered various existing institutions and begun its own experimental models in special education and training. With the advent of the first full quinquennial effort for disabled persons, it is vital to provide the means to inform, educate, co-ordinate, create networks, mould public opinion, evaluate schemes and plan forward.

The fact is that some system will certainly have to be found to perform these functions and cater to the information needs of the disability field. If a system evolves in a piecemeal and unplanned fashion it will cost money rather than saving money, and the end result is unlikely to be satisfactory. On the premise that information should precede planning and that planning should precede expenditure, it is not possible to avoid the conclusion that P.I.R.C.O.R. must be a high priority for the Government's rehabilitation program.

STAFFING AND EQUIPMENT

Permanent staff envisaged would comprise a minimum of the following :

Director, Assistant Director;
Information Officer, Research Officer;
Information Assistants (e.g. data processors, computer operators);
Clerk, Typist, etc.

Temporary consultant staff would be engaged during the initial two years.

To handle the volume and variety of information input and output, modern electronic communications systems would be necessary in library / data bank.

COSTS AND SOURCES

Recurrent expenses for rented premises, salaries and running costs would be in the region of Rs. 4 lakhs annually.

Capital cost of the communications systems would be of the order of U.S. Dollars 300,000—.

The U.N. agencies involved in the field primarily would be UNESCO, UNICEF and I.L.O. Governments of countries producing the technology required, e.g. U.S.A., U.K. and Japan, are potential sources of assistance.

Consultancy services could be advised on by Rehabilitation International, New York, which recently edited the proceedings of the first international conference on 'Information Services on Technical Aids for People with Disabilities', Bellagio 1981, and 'The Economics of Disability : International Perspectives' published in cooperation with the U.N.

APPENDIX 6

ATTITUDE CHANGE IN CERTAIN SPECIAL GROUPS

Rehabilitation Centre Staff

Since the staff of the Mental Health Centre were themselves engaged in conducting the attitudes survey it was not appropriate for them to fill questionnaires on their own opinions. Nevertheless they represent a valuable source of experience and information on attitude formation and change.

The means to make a useful input to the survey from this staff resource was suggested by a report of Dr. J. Trogisch (1982) on attitude changes in the staff of his rehabilitation centre in East Germany. Trogisch asked these young adults, who had all been working with him for less than a year, the following question among others : "What changes have taken place in your life since you became totally involved with disabled persons?" The responses mentioned an enhanced appreciation of life, its seriousness, its opportunities, its realities, its goodness; increased personal confidence, tolerance, responsiveness to other people; a feeling of personal significance; an awareness that previous beliefs about disabled people were incorrect, and a relationship with some disabled individuals in which the disability ceased to be a noticeable factor.

A similar question was put to young adults on the teaching staff at the Mental Health Centre during an informal weekly seminar, and written notes were made by each staff member which later were discussed and compared with the views from East Germany. There was independently a large measure of agreement in the general pattern of views, despite the great difference in background, culture and education of the German and Pakistani staff. The Pakistani notes are given below in approximate translation.

Farhat When I started here I used to play like an innocent child and I couldn't bear any interference between me, my toys and my kids. Sometimes now I see that this can be my duty. Before I felt pity but now I feel it is what it is; but I cannot think of leaving these children anyway.

Oliver Before I didn't have too much patience but now I have got very good control over my temper. I used to be cheerful all the time but now only with the kids I feel happy.

Nawaz When I used to see these sorts of children I used to think they were not children and had some sort of evil spirits. Now I understand that they are mentally handicapped and can't help the way they are and I love them.

Parveen Before coming here I felt free but now I feel busy. Working with handicapped children gives me a pleasure though I get tired but in this work I get spiritual satisfaction. Somewhere else I mightn't be happy, or perhaps facing other problems.

I feel great change in my personality - now I am happier.

Had no plans about coming here - just came because I heard there was a job.

Pervez Before I was only a mechanical minded person but since being here I've learned about looking after children and I understand about life in the real sense of life.

Mahajabeen Everybody wants to do something good. I wanted to teach - but not normal children. Before coming here I always thought about these children, but now I feel strange feelings - before I gave a lot of importance but since I've observed habits and ways of these children with teachers I am working hard.

Now I understand the truth of life is to help these children, if we work altogether cooperating it is very good for the benefit of these children.

Parents of Handicapped Children

A similar exercise on self-reported attitude change among Pakistani parents of handicapped children was undertaken on the basis of a schema of attitude change derived by Schuchardt (1980) from a study of Western biographies in which individuals had to come to terms with a personal crisis such as discovering that their child was disabled. The schema involved "Eight Spiral Phases of the Learning Process of Crisis Management", progressing through Uncertainty (what is really wrong?); Certainty (Yes, but surely it can't be true?); Aggression (Why me of all people?); Negotiation (If .... then surely it means ....); Depression (What is the use - it's pointless!);Acceptance (I now know for the first time!); Activity (I do this!); Solidarity (We act together).

A translation and simplification of the schema was prepared by Mr. Oliver Cromwell and presented as a discussion-opener at a Parents' Evening of the Frontier Association for the Mentally Handicapped in November 1982. It was anticipated that discussion might last as long as 15 minutes. In the actual event, parents were still busily engaged in debate after an hour had passed. All the finer points which had been omitted or simplified in the presentation were brought up and elaborated by one parent or another. It was evident that Pakistani parents had passed through, or were passing through, as many and very similar phases of adjustment and attitude change as was experienced in other parts of the world. It was also clear that the opportunity seldom arose, and was extremely welcome when it did, to discuss these stages and to exchange information in a sympathetic and supportive gathering.

Strategic Groups

Clearly the general public as a whole cannot be put through the experience of working in rehabilitation centres, or of parenting a handicapped child, in order to have both the contact and the information apparently necessary for positive attitude change. However, the experience of these special and strategic groups could usefully be drawn upon by program compilers and producers, in addition to the obvious engagement of disabled persons themselves in attitude-changing activities.

APPENDIX 7

OUTLINE FOR FURTHER PRACTICAL STUDY

The following type of two-stage study should be within the capacity of University or College departments of Psychology, Anthropology or Sociology, given the cooperation of a well-run rehabilitation day centre. It is fairly closely controlled, and should give some indication of the comparative effectiveness of several strategies for small-scale attitude intervention. The financial costs of the study would be small, though a certain amount of time and organisation would be required.

First stage : Devise assessment instrument and run procedural pre-test.

Second stage : Various methods of attitude intervention with comparable groups, with pre- and post- intervention assessment of attitudes.

(Third stage : Review, evaluation, publication; program for on-going attitude intervention.)

The most accessible target populations are probably students and schoolchildren, and out of these it is likely that students and schoolboys would be less manageable, cooperative or interested. The ideal participants in the study may therefore be schoolgirls, and 7th or 8th class may be convenient. Since precise age is often not accurately known (or not willingly disclosed), it may be sufficient to accept school class as sufficient indicator for purposes of obtaining matched sub-groups. For the present study, the minimum suggested sample would be about 150 schoolgirls in five separate (but socially comparable) schools. In smaller or rural towns this may not be possible, in which case some other targets may be chosen.

In the first stage an instrument for assessment of information about, and attitudes towards, disabled persons should be devised locally or adapted from one of the Western attitude instruments, and tested with at least 100 schoolgirls in the target age-group, preferably in the five different schools in order to discover any local peculiarities and familiarise the investigators with the routine of those schools. The instrument should be quite detailed in order to discriminate the rather modest changes of attitude likely to accrue from small-scale intervention. A period of several months should preferably elapse between the first and the next stage, in order to avoid focussing too much attention on the whole study and thereby contaminating the results. This period will in any case be required for thorough examination of the first batch of test results, and for preparing or modifying the intervention material (talks, visits, literature, audio-visual presentations) in the light of the prevalent attitudes.

In the second stage, it is suggested that the participants in the study be 150 (30 x 5) schoolgirls from the subsequent school year intake who will be approximately equivalent to those with whom the instrument was devised and tested. Their attitudes and information level should be assessed using the prepared instrument, as baseline data. It is suggested that as an additional refinement the three most positive scorers from each school should engage in a further assessment exercise as follows : some sort of small social function should be arranged at which a number of disabled female adults should casually be present, who should unobtrusively note and record subjective impressions about the attitude of the participants in practice towards disabled persons, e.g. lack of embarassment, ease of social intercourse, appropriateness of approach.

Participants from four schools should then undergo different methods of attitude intervention, with the fifth school as the control. School No. 1 would receive four talks only, on disabilities and appropriate attitudes. School No. 2 would receive identical talks, interspersed with three visits to a rehabilitation day-centre where the participants would have the opportunity of personal contact with disabled persons undergoing rehabilitative treatment. (In countries with more developed facilities, it would be possible to visit disabled persons in a variety of settings, but in Pakistan at present the only practical possibility for visiting disabled persons in a positive context is the rehabilitation day-centre). School No. 3 participants would receive no talks or information, but would make three visits of as similar a sort as possible to those made by School No. 2. School No. 4 would receive the same talks as the others supplemented by audio-visual aids and appropriate pamphlets, followed by debate and discussion, but without visits to disabled persons. School No. 5 would receive no intervention of any kind. After the lapse of a further period of a month or so, all the participants should again be assessed for their attitude, using the same instrument as before, in as nearly as possible the same assessment conditions. The informal subjective assessment by disabled adults should be carried out not only with the high scorers, but with some of those showing the greatest difference in their pre- and post- intervention scores.

It may be predicted that the greatest difference in pre- and post- intervention attitude scores would be found among School No. 4 participants, but that School No. 2 might do better on the informal subjective scoring of practical attitude as perceived by disabled adults. It would be interesting to see whether any perceptible difference emerged between participants in the other three schools, and whether any of the participants actually increased in negative attitudes. The administration and scoring of the attitude instrument should, if at all possible, be carried out "blind" in order to diminish unconscious bias on the part of the investigators due to outcome prediction.

The following difficulties may be encountered :

1) It may not be possible to find a rehabilitation institution with a reasonable proportion of female disabled persons, and there could be some difficulties managing visits by schoolgirls to a largely male institution (since the social disability of being female tends to outweigh other considerations.)

2) The institution visited must be of a progressive sort, with actual rehabilitation taking place, and preferably a mix of age-levels including some older persons engaging in vocational craft training. Otherwise the impression gained by visitors may be largely negative or pity-generating. If the disabled persons visited are predominantly blind or physically handicapped, it will facilitate communication.

3) The results will not necessarily be generally extrapolable since almost by definition the sort of manageable study groups envisaged for the present study are atypical of the general population. Nevertheless, in principle the results should be suggestive of lines of intervention for attitude change.

4) The schoolchildren will have a very strong drive towards guessing the "right answers" in the attitude instrument. Once they have heard lectures outlining positive attitudes they will be strongly inclined to indicate that they have adopted these attitudes. This is a problem with all attitude studies, once an element of self-consciousness has been introduced by enquiry and positive intervention. The "right attitudes" held (or reported) in theory do not necessarily have any effect on the holder's practical conduct. That is why it has been suggested that some informal auditing be done by disabled persons themselves, to check whether in practice the participants' attitudes are as positive as they report. If this suggestion is carried out, it may be possible to detect distinction between practical attitudes in Schools Nos. 4 and 2.

5) There will inevitably be a certain amount of discussion between children in succeeding year groups, which may also contaminate the baseline data as there are always many brothers and sisters in succeeding school years. The attitude instrument could be tested in completely different schools, but in one city there may not be so many secondary schools available, and the difficulty could not easily be eliminated altogether.

6) As far as possible, the series of lectures and visits and re-testing of attitudes should take place during a fixed time period at all the schools concurrently. Otherwise, if one or two of the schools receive their intervention and retesting later than the others, it is possible that the children from those schools may see or hear some independent propaganda scheme, e.g. a TV series with disabled persons taking part, which would unbalance the comparability of results.

7) There may be some difficulty persuading head teachers to allow their schoolchildren to participate, unless the scheme is put to them persuasively. The participants receiving less effective intervention (and the control group) should subsequently be given the best program, in order that they should not be left in an inferior position. The study should in fact lead to a regular and on-going program of attitude intervention in the schools, based on the most effective methods and incorporating on-going evaluation and modification.

8) The actual content of the lectures, audio-visual presentations, and visits, will not be among the easiest parts of this study to devise. Observations made during testing of the attitude instrument, plus the baseline data collected, will give guidance on the sort of approach necessary. To some extent it will depend on whether there is an extended range of attitudes present among the sample population. However, since it is extremely unlikely that the participants will start off with a majority of favorable, positive attitudes, there should be room for improvement, and this will present a challenge to the organisers of the study.

APPENDIX 8

A NOTE ON TERMINOLOGY

The terminology of disability and rehabilitation plays its part in the formation of attitudes, for better or for worse. Fashions change periodically as the meanings attributable to various terms alter, some extending their range to the point of vagueness (e.g. "dyslexic") while others become terms of abuse (e.g. "cripple", "spastic"). The term that seems to be more acceptable at the moment to the people with the most immediate interest in the question is "Persons with Disabilities". This phrase has therefore been employed in the title of the present study : it emphasizes that the person comes first while the disability is secondary.

The differentiation now being popularised by the World Health Organization between "impairment", "disability" and "handicap", as successive stages or aspects of a phenomenon, is a useful one within the English-speaking professional context. It has less utility in a context where the majority of people hold a single, negative stereotype of the blind or lame beggar, and where thinking is done in Pukhto, Hindko, Urdu and Punjabi.

For this reason no attempt has been made to achieve consistency of terminology in the present study, which in any case includes quotations from many authors with differing terminology. The survey was carried out in the five languages mentioned above, each with its separate vocabulary and modes of expression. Not all of these languages would admit of a precise translation of the W.H.O. tripartite classification :- the attempt to produce an equivalent would require circumlocution or the employment of abstruse terminology. It is for the users and owners of each language to decide how they wish to use it to convey whatever they have in mind, and the extent to which they may need to borrow from another language in order to communicate what would otherwise be inexpressible.